LINKING UNDERGRADUATE MEDICAL EDUCATION TO PRIMARY HEALTH CARE

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Abstract

The objectives of medical graduate training programme as laid down by the Medical Council of India (MCI) include achieving competence in practice of “holistic medicine” encompassing promotive, curative and rehabilitative aspects of common diseases. In an effort to fulfill these objectives, All India Institute of Medical Sciences (AIIMS), which is the premier medical institute of the country, has designed MBBS curriculum in a comprehensive manner. This paper talks about the gradual evolution of MBBS training at AIIMS in community medicine since 1970 till date. A wide range of exposure is provided to the students about understanding the health problems of both the urban and rural areas, and the health services provided under the national pattern. Provision of curative health services is an integral part of the programme without which the acceptance of the community of various health promotion programmes would not have been possible. There is a good intra-departmental cooperation in terms of teaching and provision of clinical services by the faculty and residents. The community medicine curriculum has well defined objectives, methodology, expected outcome, monitoring and supportive supervision, and an objective method of assessment. There is a periodic review of training activities that takes into account feedback given by students, staff faculty and the community. Besides, the availability and accessibility of faculty round the clock, availability of other resources like transportation, accommodation, recreational and basic amenities (water and electricity) and other supporting staff makes residentially in the rural posting feasible and enjoyable. The success of community based projects and programmes have been made possible with good community participation. Liaison with state and district health system, NGO, panchayati raj institutions, school, youth and women’s groups etc have developed over a long period of time both in rural and urban field practice areas. All these work synergistically to bring about a congenial atmosphere of providing health services on one hand and utilizing the community as a rich laboratory for medical students on the other. The whole system has been designed to demonstrate a model of health care along the national pattern as well as to provide an opportunity for medical students, a first hand experience in working in primary and secondary level health care settings.
Introduction

Undergraduate medical education sows the seeds on which the foundations of a budding doctor are built. The MCI has laid down certain objectives for medical graduate training programme, which, aims at achieving competence in practice of holistic medicine encompassing promotive, curative and rehabilitative aspects of common diseases. In order to achieve this goal, the AIIMS has designed the MBBS undergraduate curriculum in a manner, which provides extensive exposure and ample opportunities to the students in all aspects of medical training. The AIIMS mandate is to strive for excellence in all fields including education; research and patient care, and serve as a trendsetter for the nation.

Primary health care (PHC) is often thought of as "primitive" health care, and the exposure of a medical student in PHC in most institutions is limited to the few days of internship in a primary health centre. This paper shares the experiences of the AIIMS in undergraduate programme in community medicine, wherein the students are exposed to a sequential method of teaching in community medicine which starts from the third year of medical training right up to internship.

Background of the field practice areas of centre for community medicine

Teaching and research are the priority areas in the centre for community medicine besides providing primary health care. In order to fulfill these duties, the centre for community medicine adopted two field practice areas one each in the urban and rural areas. These are briefly described below.

Urban programme

The area selected for the Urban Health Programme (UHP) is Dakshinpuri, a resettlement colony in South Delhi, where four blocks have been adopted by the AIIMS as its urban field practice area. The urban health team comprises of doctors, public health nurse, medical social worker, pharmacist, multipurpose health workers (MPWs), and supporting staff, which provide medical services daily through a mobile clinic. In addition, regular visits are made by the MPWs in assigned blocks where they also provide promotive and preventive services. This helps in building a rapport with the community and creates an environment conducive for undergraduate students to carry out field-based projects as part of their training.

Rural programme

The rural field practice area is known as Comprehensive Rural Health Services Project (CRHSP) located in Ballabgarh, Haryana about 35 kms from Delhi. This is a collaborative project between the state government of
Haryana and AIIMS, and has been in existence since 1967. CRHSP has a 50 bedded secondary level hospital, where all services required for a community health centre / first referral unit are provided in internal Medicine, Obstetrics & Gynaecology, Surgery, Ophthalmology, Pediatrics, Anaesthesiology, Dentistry, Otorhinolaryngology, Psychiatry, Laboratory and X-Ray facilities are also available. Besides, for the purpose of teaching, there is a well-equipped library with internet facilities for students and residents. For the purpose of teaching and service delivery, the entire team consisting of the faculty members, residents, students and staff are residential in the hospital premises. This coupled with recreational and dining facilities provide a close-knit environment and a flexible, relaxed atmosphere for learning.

The AIIMS has also adopted two primary health centres for its field practice area, catering to a population of about 80,000 distributed in 28 villages of Haryana. The purpose is to demonstrate a model health system which functions along the three-tier pattern of health care delivery in rural India, in terms of promotive, preventive and curative health care. All the national programmes are implemented through the primary health centres, and a resident of community medicine works as a medical officer in-charge of the primary health centre.

**Details of undergraduate programme in community medicine**

The undergraduate students at AIIMS go through a rigorous and extensive training programme in community medicine from the 4th semester (Table 1). Broadly there are two postings in the urban area and one in the rural.

**Urban posting**

It is divided into two parts:

- Family Health Advisory Services (FHAS)
- Urban health programme

**Family Health Advisory Services (FHAS)**

The FHAS is covered in the 4th and 5th semester. The objective of this exercise is to study the family structure and health status of the individual members over a period of nine months with specific reference to acute
and chronic morbidity. Each student is allotted three families for follow up, and these visits are made every Monday afternoon from 3-5 pm.

FHAS is divided into six exercises each to guide the student in overall assessment of health problems and study the interplay of environmental and social factors in health. This exposure helps the students learn about the factors responsible for health problems of the families, how the family copes with these problems. At the end of one year they formulate a community diagnosis by pooling and analyzing the data of families of all students of the batch. Then they plan, design and implement appropriate intervention programmes ("community intervention") to help the families and the community in overcoming the identified health problems. This is carried out in the form of role-plays by the entire batch, which adds fun to the learning process. All these activities are carried out under the guidance of faculty members with the cooperation of the staff and the residents.

**Urban health programme**

This is a more intensive posting wherein batches of 10-12 students attend for 5 weeks in the morning from 9 am -12 noon. In this, posting six areas are covered.

- **Epidemiological exercise:** the objective is to provide first hand experience to the young students in carrying out a community-based research. The students are encouraged to decide on the topic, plan the methodology, analyze and present their results under the guidance of a faculty member. As the students work as a team, each one participates in presenting it as well.
- **Clinico-psycho-social case review:** here each student is allotted a case with a health problem, and taught to study the social, cultural, economic, environmental, and psychological aspects of the disease and understand the web of causation which has led to the development of the disease state. This enables them have a holistic view of a patient and family, and advise appropriate interventions.
- **Sex & marriage counseling clinic:** in this posting the students learn about the common types of problems related to sexuality and marriage, and the art of counseling.
- **Health talks:** imparting health education is a very important skill, which, a student should develop. All students are given relevant topics where they prepare appropriate educational material, and deliver health talks in the community.
- **Secondary level care:** a visit to a secondary level hospital in the urban area is made to introduce them to the system of patient referral in urban areas.
- **Common health problems**: students are given the opportunity to interact with the doctors and patients attending the mobile clinic to understand the common health problems in the community which represent an entirely different picture from those seen in the tertiary care centre like AIIMS, New Delhi.

**Rural posting**

The MBBS students are posted in the CRHSP, Ballabgarh as a part of their rural training in community medicine. This is for a period of six weeks during the 7th semester. It is a completely residential posting where the students are required to stay on campus for the entire period. The components of training programme have been described in details elsewhere but summarized in next few paragraphs.

**Clinical skills**

Management of a patient at primary and secondary level is different from a tertiary care centre. Therefore, it is essential that the students learn clinical skills for managing a patient in any kind of setup. For this purpose, the faculty members from clinical disciplines from AIIMS (namely, Medicine, Obstetrics & Gynaecology, Surgery, Ophthalmology, Pediatrics, Physical Medicine & Rehabilitation) come to CRHSP once a week for teaching. The students also get an opportunity to see various kinds of health problems in a rural area that can be managed in a secondary level hospital. This is facilitated by the presence of senior residents of the clinical disciplines who are available to the students round the clock.

**Epidemiological exercise**

In this posting too, a field exercise is carried out in the community. This gives an excellent opportunity for the students to carry out community-based studies in the rural areas. Here too, like the urban posting, the students take an active part in planning, carrying out the exercises and community intervention under the guidance of the faculty members, and staff.

**Health care delivery system in rural area**

The objective is to expose the students to the national health system and various national programmes in rural areas. Therefore, visits are arranged to the district hospital, community health centre and a primary health centre, which is run by the State Government of Haryana.

**Field visits**

- **School health**: a visit is planned to a local school to give the students an idea of school health programme.
- **Industrial health**: a visit is made to an asbestos industry to study the importance of occupational health.
- **Direct observation**: treatment short course chemotherapy (DOTS) centre, the objective is to give an exposure to the operational aspects of implementation of national programmes like Revised National Tuberculosis Control Programme.

**Domiciliary visits**

Visits are made to the families of selected health problems to understand the dynamics of health and disease transmission in a family and community setting.

The areas covered in the community medicine postings are in tune with the requirements of the primary health care concept. The curriculum has been designed to integrate all the components and to orient the students to the various aspects of primary health care.

**Monitoring & evaluation**

**Logbook**

A logbook has been designed to keep a record of all the activities of the undergraduates in community medicine on a daily basis. It also provides the details of the postings e.g. objectives, methodology, assessment, etc.

**Assessment**

The assessment of students’ performance is carried out in an objective manner. Different faculty members are assigned responsibility of individual

<table>
<thead>
<tr>
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<th>Posting/Examination</th>
<th>Theory</th>
<th>Practical</th>
<th>Total (%)</th>
</tr>
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<tbody>
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activities and all components are evaluated separately. The detailed breakup of marks is given in Table 2.

**Internship**

The internship is the period of maximum practical learning in the MBBS training programme. In the Centre for Community Medicine, as per the
MCI requirement the total duration of posting is for 12 weeks. This is divided into two parts- 6 weeks at the Primary Health Centre and 6 weeks in the secondary hospital (CRHSP). This is a compulsory residential posting and the student is exposed to all aspects of community health.

**CRHSP Hospital**

In this posting the students get first hand opportunity in patient management in the specialties of Medicine, Obstetrics & Gynaecology, Surgery, Ophthalmology, Pediatrics, under the guidance of residents and faculty members.

**Primary health centre**

This posting gives the students a different perspective of health in a rural set up including:

- an exposure to the health system in the rural area at close quarters since they reside in the primary health centre.
- intricacies of factors influencing health in rural areas e.g. socio-economic, political, cultural factors etc.
- managing health problems in a primary health centre and sub centre with minimal resources.
- importance of promotive and preventive care.

**Evaluation**

The evaluation of Interns is done by senior residents who supervise them in their daily activities and an overall assessment by the faculty members. An award in the name of the former Director, AIIMS, Prof V Ramalingaswami Award is also conferred on the best intern posted at CRHSP, Ballabgarh.

**Evolution of undergraduate teaching in community medicine**

The whole process of developing and establishing the curriculum of teaching in community medicine has evolved over a long period of time and has not been accomplished overnight. The evolution can be arbitrarily divided into two phases.

**Phase 1 (1971-1980): preparatory phase**

There were periodic reviews of the curriculum, teaching methodology, assessment techniques from time to time. Regular feedback was given by the students at the end of each posting. In addition, feedback was also given by the other staff members, community, and observations of the
faculty members. This formed the basis on which modifications were continuously made in the curriculum.

**Phase 2 (1981-2006): consolidation**

During this period, endeavors were made to implement and improve the curriculum. The final result is a programme, which conforms to the AIIMS mandate, fulfills the MCI requirements, productive for the students, and acceptable to the community.

One of the visions of AIIMS is to make innovative changes in curriculum and teaching. With this vision in mind, a time has come for the expansion of the undergraduate programme in community medicine to other medical institutions in the country. In this regard, attempts are being made to reform medical education under the National Rural Health Mission (NRHM).

**Strengths, Weakness, Opportunities, and Threats (SWOT) Analysis**

**Strengths**

The undergraduate curriculum has gone through a historical evolution. Provision of curative health services through intra-departmental cooperation is an integral part of the programme without which acceptance by the community of various health promotion programmes would not have been possible. The community medicine curriculum has well defined objectives, methodology, expected outcome, monitoring and supportive supervision, and an objective method of assessment. Besides, the availability and accessibility of faculty members’ availability of other resources like library & internet facilities, transportation, accommodation, recreational and basic amenities (water and electricity) and other support staff makes residentially in the rural posting feasible and enjoyable. The success of community based projects and programmes have been made possible due to good community participation. Liaison with state and district health system, NGO, panchayati raj institutions, school, youth and women’s groups have developed over a long period of time both in rural and urban field practice areas.

**Weakness**

Change of faculty and residents is one factor, which can be considered a problem since at times it affects the continuity of programmes.

**Opportunities**

The field practice area under community medicine is a community laboratory for teaching and research. The added advantage of the rural
field practice area is that it is a stable population; therefore, a good ground for longitudinal studies. This can be used as a platform for training of health team under one roof (ASHA, TBA, AWW, RHP, MPW, HA, Pharmacist, Physicians etc). Other areas like school health, occupational health & industrial medicine, application of information technology (telemedicine, e-learning) can be expanded.

**Threats**

There seems to be a gradual shift of focus amongst the faculty members towards patient care at the cost of teaching. The purpose of training medical students seems to have been lost over the years; lack of post graduation avenues, and lucrative opportunities in the west draw most of the students to greener pastures. This is against the goal of medical education. It was envisaged that students would be provided high quality education who would in turn serve the nation.

**Conclusion**

AIIMS as a premier teaching institute has a responsibility of grooming a student and produce a doctor who is competent in all respects: promotive, preventive and curative. It has been demonstrated that medical education, especially the discipline of community medicine cannot be treated as an independent entity. It has to be seen in the wider context of healthy interaction between various players’ areas like, health infrastructure, media, and more importantly the community itself. The need of the hour is to reorient the approach to medical education from a knowledge based, vertical, clinical approach which is just a stepping stone for post graduation to one which is skill based, horizontal, holistic approach and over all a community physician.

**References**

1. Medical Council of India, Regulations on Graduate Medical Education, 1997

Linking Undergraduate Medical Education to Primary Health Care:
The AIIMS- Ballabgarh experience

1956 - 2006

Comprehensive Rural Health Services Project Ballabgarh, Haryana
Outline of Presentation

• Elements of Primary Health Care
• MBBS training at Centre for Community Medicine, AIIMS
  – Posting details
  – Urban posting
  – Rural posting
• Log Book
• Internship
• SWOT analysis
• The way ahead ....
## Elements of Primary Health Care

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<tbody>
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### Distribution of semesters in MBBS

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<th>Duration</th>
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<td>First Professional</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; &amp; 2&lt;sup&gt;nd&lt;/sup&gt; semester</td>
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<td>Second Professional</td>
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<td>Final Professional</td>
<td>6&lt;sup&gt;th&lt;/sup&gt;, 7&lt;sup&gt;th&lt;/sup&gt;, 8&lt;sup&gt;th&lt;/sup&gt;, 9&lt;sup&gt;th&lt;/sup&gt; semester</td>
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<td><strong>Total duration</strong></td>
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## Distribution of Marks in M.B.B.S. in Community Medicine

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### Duration & Distribution of postings for MBBS students in Community Medicine

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<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
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<th>Duration</th>
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<td>FHAS</td>
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<td>Once a week for 2 hrs for 9 months (afternoon)</td>
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<td>3 hrs a day x 45 days (morning)</td>
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<td>Rural</td>
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<td>Residential posting for 6 weeks in CRHSP</td>
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Field practice areas for Community Medicine

- Urban Programme
  - Resettlement colony, Dakshinpuri in South Delhi

- Rural programme
  - Comprehensive Rural Health Services Project Ballabgarh, Haryana
Urban Health Programme

• Daily OPD
• Mobile clinic

The Mobile Van

Patients Waiting

Registration
MOBILE HEALTH CLINIC

The OPD

Dressing

Drug Dispensing

Investigations
Undergraduate programme – Urban Posting

- Family Health Advisory Services (FHAS)
- Urban posting
  - Epidemiological / Exercise
  - Clinico-Psycho-Social Case Review (CPSCR)
  - Sex & Marriage Counselling Clinic (SMCC)
  - Health Talks
  - Secondary level care
  - Briefing on Common Health Topics
Undergraduate posting – Family Health Advisory Services (FHAS)

i) Learn to communicate effectively with the families in the community

ii) Study the family structure and health status of the individual members over a period of one year with specific reference to acute and chronic morbidity

iii) Determine the factors responsible for health problems of the families and learn how the family copes with these problems

iv) Concurrently advise the families appropriately to tackle the health problems thus identified

v) Make a family diagnosis and later on Community Diagnosis by pooling & analyzing the data of families of all students of the batch

vi) Plan, design and implement appropriate intervention programme ("Community Intervention") to help the families and the community from time to time in overcoming the identified health problems.
SIX EXERCISES

– Exercise - I: Demographic Profile
– Exercise- II: Environment and Socio-Economic Status
– Exercise - III: KABP in Health and Disease
– Exercise- IV: Nutrition
– Exercise-V: Immunization status & care during pregnancy
– Exercise - VI: KABP on Contraception
Undergraduate posting –
Family Health Advisory Services
Field practice areas for Community Medicine

- **Urban Programme**
  - Resettlement colony, Dakshinpuri in South Delhi

- **Rural programme**
  - Comprehensive Rural Health Services Project Ballabgarh, Haryana
Comprehensive Rural Health Services Project, Ballabgarh

BALLABGARH, HARAYANA
Comprehensive Rural Health Services Project
BALLABGARH

78,000 POPULATION

PHC

39,000 population

PHC

5000-6000 Population
Dental OPD

Ophthalmology OPD

X-Ray facility

Laboratory Services
50 bedded hospital

- Medicine
- Surgery
- OBG
- Pediatrics
- Ophthalmology
Library facilities
Undergraduate posting in CRHSP

- **Clinical Skills** -
  - Medicine, O&G, Surgery,
  - Ophthal, Paed, PMR,
- **Epidemiological Exercise** - community based
- **Health Care Delivery System**
- **School health**
- **Field visits**
  - Industrial health
  - Domiciliary visits
  - Public health sanitation
- **Publication**
Internship

• Residential posting for 12 months
  – 6 weeks CRHSP hospital
  – 6 weeks PHC
• Field exercise
• Evaluation
  – Senior residents (daily activities)
  – Faculty (overall)
• Award – Prof V Ramalingaswami for best intern posted at CRHSP
Evolution of UG teaching in Community Medicine In AIIMS

Phase I : 1971-1980: Preparatory

Phase II: 1981-2006: Consolidation

Phase III: 2006 onwards : Expansion
Strength, Weakness, Opportunities, Threats (SWOT) Analysis
Strengths -1

- Historical evolution
- Curative Health service delivery
- Residential rural field practice area
- Inter departmental cooperation
- Student: teacher Ratio
- Faculty – available & accessible 24 hours
- Log book
- Each activity has a well defined
  - Objective
  - Methodology
  - Expected outcome
  - Monitoring & supportive supervision
  - Method of assessment & distribution of marks
Strengths -2

- Resources
  - Mobility
  - Accommodation
  - Recreational
  - Basic amenities (water, electricity)
  - Support manpower (cook, chowkidar, etc)

- Health Team (Urban & Rural)
  - Residents (JR, SR), Interns
  - Paramedical workers
  - Social Workers
  - Anganwadi workers, TBA etc

- Liaison with district & state government
- Community involvement – PRI, youth groups, schools
- NGOs (e.g. AADI, FOC)
Weakness-1

• Referral linkage not well established
  – Primary to Secondary
  – Secondary to Tertiary
  – Reasons
    • Transportation
    • Distance
    • Preference for private facilities

• Public Private Partnership (PPP)
Opportunity-1

- Stable population
- Community lab for research: Longitudinal studies
- Implementation of NRHM
- Preparation & consolidation phases have been carried out
- Expansion to other blocks under consideration – district level
- Training of Health team under one roof (ASHA, TBA, AWW, RHP, MPW, HA, Pharmacist, Physicians etc)
- School health
- Occupational health & industrial medicine
- Application of Information Technology
  - telemedicine
  - e-learning
Threats - 1

• Lack of interest in discipline
  – Students
    • Individual priorities
    • Students heading for greener pastures
  – Faculty
    • Clinical faculty: more focus on curative aspects
    • Community Medicine: issue of maintaining residentiality

*Inferior doctors treat the patient’s disease
Mediocre doctors treat the patient as a person
Superior doctors treat the community as a whole*

_Huang Lee 2000BC_
Threats -2

• Gradual shift of faculty towards patient care at the cost of teaching

• Low priority amongst Policy makers
  – Reorientation of Medical Education (ROME) scheme discontinued
  – Resource allocation : Super-specialization Vs. Public health
Elements of Primary Health Care & AIIMS Curriculum

<table>
<thead>
<tr>
<th>Elements</th>
<th>Components covered</th>
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<tbody>
<tr>
<td>• Health Education</td>
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MBBS Curriculum

Presently

- Knowledge Based
- Vertical Approach
- Medical Approach
- Just a Stepping stone for Post Graduation

Practiced at AIIMS

- Skill Based
- Horizontal Approach
- Holistic Approach
- Community Physician

NATIONAL RURAL HEALTH MISSION (2005-2012)
National Rural Health Mission

Life expectancy

Quality of life

Health Outcome

Add years to life

Add life to years

Health Services

Public

Private

Primary Health Care System

Behavior of Stakeholders

Doctors

Nurses

Health Team Members

Medical Education
1. Objective of the National Rural Health Mission (NRHM)
2. Objectives of Medical Graduate Training Programme
3. Previous Experiences in revamping Medical Education
4. Evidences of lacunae in Current MBBS curriculum
5. Recommendations
Summary ..

- Elements of Primary Health Care
- MBBS training in Centre for Community Medicine
  - Posting details
  - Urban
  - Rural
- SWOT analysis
- The way ahead..
Medical Education in a wider context ...

The Public Health System: Government & some of its potential partners

Source: The future of the Public’s health (IOM, 2002)
The All India Institute of Medical Sciences New Delhi, INDIA

1956 - 2006

Comprehensive Rural Health Services Project Ballabgarh, Haryana