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90 – A Practical Approach To Teaching Medical Students About Community Services

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This article is based on a presentation delivered by Dr Karen Flegg, Senior Lecturer from the Australian National University (ANU), at the WONCA Europe conference held in Basel, Switzerland, in 2009. The aims of the presentation were to describe an experiential method of medical students learning about community services; to outline the objectives of the programme; and to present an evaluation of students' views.

Background

The Australian National University (ANU) is located in Canberra, the capital city of Australia, with a population of approximately 360,000 people. In 2004, a new medical school was established at the ANU, delivering a four-year postgraduate medical degree. In the third year of their programme, students had a five month semester of integrated family practice and community paediatrics. Students spent four days per week in clinical attachments, mostly in private family practice clinics and community and hospital-based paediatrics. A minimum of six weeks of the five months of family practice was spent in rural towns.

Programme Objectives

The broad aim of the community placements programme was to teach medical students about the community services to which family doctors might refer their patients, or which the patients might be attending without the family doctor's referral. Specific objectives are outlined in Table 1.

Practical Application

The programme involved the students spending 13 half days in various community services and organisations. Five of the placements were scheduled by faculty staff and were mandatory, namely the Aged Care Assessment Team, a sexual health clinic, the after-hours medical service, a maternal and child health clinic, and a 'special education' school. The students also had to organise a visit to a rural community pharmacy.

For the other seven required placements, called 'selectives', the students chose and organised according to their own interests. The 'selectives' were required to include at least one geriatric or respite service, one primary care medical service, one paediatric service, two allied or community health services, one community organisation (NGO), and one other. Examples of 'selectives' are given in Table 2.

TABLE 1 – Specific objectives and rating on how effective placements were in meeting the objective

Specific Objective	Effectiveness rating 4 or 5 out of 5	
	n =	%
To experience the range of health services available in the community.	71 of 84	84.5
To understand the role of community services in primary health care and paediatric care.	66 of 84	78.6
To be able to select appropriate services for patients and work within a multidisciplinary team that optimises care.	67 of 84	79.7
To understand how to organise good quality referrals to community services by knowing what information the service needs.	56 of 84	66.7
To be able to explain the service to patients and or their families and develop a care plan incorporating other service providers.	70 of 83	83.3

TABLE 2: Example ‘selective’ placements

Primary care medical service	Youth health drop-in FD clinic refugee health service aboriginal health service
Paediatric services	"mother craft" nursing residential service for mothers and babies 'SIDs and kids' education evenings
Geriatric and respite services	Falls prevention clinic, aged care residence, dementia unit
Allied and community health services	Community nurse Allied health practitioners e.g. dieticians, podiatrists, chiropractors, naturopath, optometrist, dentists,
NGOs	guide dogs for the Blind National brain injury foundation Pegasus (horse) riding for the disabled
Other	funeral homes (undertakers) Alcoholics Anonymous meetings

Students were to aim for a variety of services, including in rural and urban areas, and then to spend about three hours at each service. They were asked to investigate how the service worked, who were the people providing the service, who the service was provided to, how the service was accessed by patients, and who funded the service. They were required to present a reflective writing task of 500 words on how the placements they had attended met the objectives of the programme.

Evaluation of the Programme

Three cohorts of students over a period of 18 months completed an evaluation on how effectively placements met the objectives. Table 1 shows the results.

Comments collected showed the usual variation of enthusiasm from medical students. Positive student comments included: "Important to learn what community offers", "Initially I thought it would be a waste of time but found it informative and moving"; "Was a great experience"; "Very effective for learning - wish I could do more". Negative comments included: "I was wasting time. I could have been learning real medical stuff"; "Difficult to organize".

One of the most challenging experiences repeatedly reported by students was attending Alcoholics Anonymous

meetings.

Discussion

It is generally acknowledged that giving medical students a broader insight into health services can have lasting effects and encourages a more holistic viewpoint (1).

Community service experiences are associated with improved academic performance, critical thinking, leadership, and conflict resolution, enhanced knowledge and acceptance of different ethnicities and cultures, greater understanding of the nation's social problems and increased commitment to future community service (2). Many medical schools in Australia over the past two decades, have included such a broader approach (3) and while a minority of students may see this programme as 'soft', the majority come to value some of the insights achieved. As a result of feedback from students and staff about the difficulty in arranging placements, changes have been made since 2009.

There are now only four compulsory placements (Aged Care Assessment Team, Sexual Health Clinic, Special Education school, Rural Pharmacy). It is suggested that students undertake at least six optional placements however there is neither a limit, nor a requirement to do any such 'selectives'. As a result of this change in policy there was considerable variability in the uptake of students completing 'selective' placements (see Table 3).

TABLE 3: Students Uptake of optional 'Selective' Community placements in 2013 – semesters 1 and 2 compared

Number of 'selective' program Placements per student	Semester 1 cohort	Semester 2 cohort
1 or less	6	23
2	6	7
3	5	4
4	3	3
5 or more	10	1
	Total 30 students	Total 38 students

The students are encouraged to choose their 'selective' placements in discussion with their clinical supervisor, and to use the community services available to patients of their placement family practice as a source of selection. It is now preferred for students to follow patients they have met in their family practice or paediatrics placement, into the community service they use.

The reflective writing task on community placement has been removed from the portfolio items, but the student can discuss their placement with their academic or clinical supervisor.

Conclusion

The recent change in programme has meant less work for the administrative staff in organising placements and generally the students are happy with the ability to schedule their own 'selective' community placements and especially with the flexibility in the choice.

As always, some students will do the absolute minimum required when there is any choice in the broadness of the education. It has also been noted that since 'selective' community placements became optional, the number undertaken decreases in semester two when the summative exams are approaching.

Faculty remain convinced that undertaking such placements provides a sound and valuable education and experience but has to be balanced against the manpower involved in organising these. Ideally broad-based education must be balanced against practicalities.

Take Home Messages

- Most students valued the chance to experience a variety of community health services and organisations.
- Students value the opportunity to follow the patient's journey from family practice to allied health.
- Reducing administrative load enhanced student responsibility and opened the door for self-motivation.
- Some students will always do the minimum possible at the expense of their own broad education.
- Comprehensive placement programmes present logistic difficulties for students and staff.

Original Abstract

<http://www.woncaeurope.org/content/op-019-practical-approach-teaching-medical-students-about-community-services>

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