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## A STUDY OF STUDENTS PERCEPTION OF A COMMUNITY BASED CAMP APPROACH METHOD IN PREVENTIVE AND SOCIAL MEDICINE SUBJECT

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### ABSTRACT

**Objective:** To study students perception towards the community based camp approach method in the subject of Preventive and Social Medicine.

**Methods:** The study was carried out in Aaru Padai Veedu Medical College Pondicherry. 53 medical students from Second year MBBS course were surveyed using a five point Likert scale. Data was analysed using the software package SPSS 12.0 and Epi info.

**Results and Conclusions:** Overall, the students had positive attitude and response towards this learning method. Community based camp approach is an active learning method which gives a better understanding of the subject and improves their communication skills.

**Keywords:** perception, community based, learning, Preventive and Social medicine

### INTRODUCTION

The way Medicine is taught and learnt has undergone tremendous changes over the past few decades. Pedagogy or textbook based teaching or teacher-centred learning is gradually being replaced by student-centred learning. The active learning methods used can be helpful in understanding the subject better and be more interesting for the student. Community based camp approach is an effective method of active learning as it involves integration of social sciences with medical domain, task oriented assignments, active community involvement.<sup>1</sup> Garg et al<sup>2</sup> and Narayanan<sup>3</sup> have shown the positive results with community based teachings in Mahatma Gandhi Institute of Social Sciences. Research on effects of various community based teaching methods are many but, research on students perception about the community based camp approach are very few.<sup>1</sup> The objective of the present study was to learn about the students

perception towards the community based camp approach method used in Community Medicine subject at the Vinayaka Missions, Aaru Padai Veedu Medical College and Hospital (AVMCH), Pondicherry.

### MATERIALS AND METHODS

Aaru Padai Veedu Medical College and Hospital (AVMCH), Vinayaka Missions University (VMU) Pondicherry, India has undergraduate student strength of 100 students per year. Medical students begin their clinical posting in Community medicine during their third Semester. Students are divided into batches of 30 students each and the duration of their practical clinical posting in Community Medicine subject is two months. The present study was conducted in Community Medicine Department. 60 students from two batches posted from August 2011 to November 2011 over a period of 4 months were included in the present study. The study was

approved by Ethical review board of the Institute and verbal informed consent was obtained from the participants at the beginning of the study.

They were given a project on various public health related topics like personal hygiene, nutrition, immunisation, family planning and Communicable & Non communicable diseases. 30 students were further divided into 5 groups of 6 students each. Each group of six students were guided by a faculty member, who acted as a facilitator for them. First week of the project included briefing sessions by the faculty on few theory topics, survey methodology, mapping in survey and preparing survey questionnaire. Second week of the project was given for data collection and preparing their own health education material i.e the posters on the topic allotted. Third week students visited Anganwadi center, Subcenter and Primary health Center to be familiar with the health care delivery system in India and also conducted health talks on the topics allotted with the help of IEC material prepared by them. In the fourth week, data compilation, analysis and presentation was done in the department in the presence of all faculty members. On the last day of the project, this study self-administered questionnaire based on 5 point likert scale<sup>4</sup> and consisting of 15 items each, was distributed to all the 60 students. They were asked to respond to each item based on their experience during the project. They were given 15 minutes time to fill the questionnaire. Out of the 60 students participating in the survey questionnaire, only 53 were included for final analysis.

Statistical Analysis: Data was analysed using software package SPSS 12.0 and consensus score was calculated using the Epi info package

## RESULTS

The students' response to the questionnaire is indicated in Table.1. The mean age of the participants was 19.08 $\pm$ 0.80 Std deviation. About 33(62.3%) were females. Students were

positive about all aspects of the project. The consensus ranged from a minimum of 25.3% to a maximum of 91 % for the 15 items questionnaire. The maximum consensus 91.0% was for 'Participation in field surveys improved our understanding for survey technique' followed by 89.4% for 'Field visits to Families helped us to learn about their Socioeconomic status and environmental factors related to the case' for they had a direct interaction with the families in the community and also a better understanding of their living conditions. Also 83.4% consensus for it helped develop good communication skills and 81.2% consensus for Exposure visits to PHC, Subcentre and Anganwadi were useful in understanding the health care delivery system in India

There was a poor consensus 63.3% on 'Theory class on National health programs and Health care concepts contributed to our understanding' and 68.9% on 'Teaching methods used in the survey supported our learning'. This showed that theoretical knowledge imparted was less appreciated by the students. Similar study conducted by Dongre *et.al*<sup>5</sup> revealed positive perception of the students with reference to the teaching method used.

## CONCLUSION

Overall the students had positive responses with reference to the community based camp approach especially exposure visits, interaction with the families and developing good communication skills. Thus, the community based camp approach can be effective tool for active learning in public health and this model of learning can be replicated in all Medical Colleges.

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## REFERENCES

1. Dongre AR, Deshmukh PR, Garg BS. Formative exploration of students' perception about Community Medicine teaching at Mahatma Gandhi Institute of Medical Sciences, Sewagram, India. *Online J Health Allied Scs.* 2008;7(3):2
2. Garg BS, Nayar S. Doctors for the rural poor. *World Health Forum* 1996;17:268-270.
3. Narayanan RP. Medical students leading social revolutions. *The Clinical Teacher* [online] March 2012[cited 2012 Sept 01];3(1). Available from URL: <http://www.theclinicalteacher.com>
4. 5-point vs. 6-point Likert Scales. [Internet] [cited 2012 March 08]; Available from: [www.infosurv.com/images/Likert\\_Scale\\_Debate.pdf](http://www.infosurv.com/images/Likert_Scale_Debate.pdf)
5. Dongre AR, Deshmukh PR, Gupta SS, Garg BS. An Evaluation of ROME Camp: Forgotten Innovation in Medical Education. *Education for Health* [online] April 2010 [cited 2012 Aug 12];1:363. Available from URL: <http://www.educationforhealth.net>

**Table 1 shows the perception of the students towards various aspects of the community based camp approach.(n=53)**

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neither agree nor disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Consensus</b>
1. Session on mapping in survey was useful	08(15.1)	33 (62.3)	06(11.3)	05 (9.4)	01 (1.9)	76.2%
2. Exposure visits to PHC ,Subcentre and Anganwadi were useful in understanding the health care delivery system in India	11(20.8)	33(62.3)	04(7.5)	04(7.5)	01(1.9)	81.2%
3. Participation in field surveys improved our understanding for survey technique	23(43.4)	26(49.1)	02(3.8)	01(1.9)	01(1.9)	91.0%
4. Field visits to Families helped us to learn about their Socioeconomic status and Environmental factors related to the case	18(34.0)	29(54.7)	03(5.7)	02(3.8)	01(1.9)	89.4%
5. Visit to Anganwadi was useful to understand about the Integrated Child development Scheme(ICDS)	11(20.8)	24(45.3)	10(18.9)	04(7.5)	04(7.5)	71.1%
6. Theory class on National health programs and Health care concepts contributed to our understanding	08(15.1)	30(56.6)	08(15.1)	05(9.4)	02(3.8)	63.3%
7. Teaching methods used in the survey supported our learning	16(30.2)	23(43.4)	07(13.2)	06(11.3)	01(1.9)	68.9%
8. Community based or camp based approach was useful for learning the subject of community Medicine	11(20.8)	26(49.1)	10(18.9)	03(5.7)	03(5.7)	74.1%
9. Camp approach has empowered us to become rural doctors	18(34.0)	26(49.1)	06(11.3)	02(3.8)	01(1.9)	76.3%
10. It has empowered us to diagnose health problems with minimal resources	13(24.5)	23(43.4)	12(22.6)	04(7.5)	01(1.9)	70.0%
11. Helped us develop good communication skills	22(41.5)	24(45.3)	03(5.7)	02(3.8)	02(3.8)	83.4%
12. Doing project was interesting as there is more scope for creativity	20(37.7)	22(41.5)	04(7.5)	05(9.4)	02(3.8)	74.9%
13. Time was inadequate for completing the project	14(26.4)	21(39.6)	07(13.2)	08(15.1)	03(5.7)	59.8%
14. Expenditure incurred in the project was a weakness	07(13.2)	11(20.8)	13(24.5)	19(35.8)	03(5.7)	25.3%
15. Language barrier was a weakness	12(22.6)	16(30.2)	08(15.1)	12(22.6)	05(9.4)	41.4%