

Community Health Issues of the New PBL Undergraduate Medical Curriculum at the University of Geneva: A Description

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Summary

In the newly redesigned PBL preclinical curriculum at the University of Geneva School of Medicine, a community-oriented skills programme introduces students to the conceptual framework of social and preventive medicine, the epidemiologic methods and data, as well as the network of community-based services and health care delivery. In addition, the program includes a project centered on a selected community health institution, a patient care follow-up program at a general practitioner's office, as well as a community based experience program where students work up a given health problem while attending short site visits at various relevant community health agencies. These features help students elaborate on the three-dimensional model of medical education, i.e. the natural history of disease, the life cycle and the support resources.

Introduction

There is some debate over what community-oriented medical education is. Does it mainly relate to public health issues, such as collective care? Is it just a more comprehensive approach to individual patient care, more centered on primary than tertiary care?¹ And then there is the community-based medical training. Is it just organized training activities outside the medical school facilities or is there more to it? Does it imply a more participatory approach, such as associating community health workers when developing curriculum for example?²

Indeed, relevance might be the answer and the key feature of a community-based/oriented medical training and it implies coherence between medical studies and professional activities.^{3,4} Thus relevance expects medical studies to train doctors capable to respond to health needs of the community.^{5,6}

In the newly developed PBL preclinical medical curriculum at the University of Geneva, the exposure of students to community health issues starts early on in their training.⁷ It runs parallel to PBL tutorials from the 2nd to the 4th year. The purpose of this paper is to describe the objectives of the program and some of its organizational features.

Community skills program

The main purpose of this community skills program is to confront students with priority health problems of the community, either

related to the health of individuals in a community setting or to health issues of the population. It also aims at confronting students with ambulatory care at general practitioners' practices and the functioning of the community health network.

The program is made of community-oriented and community-based training activities. Community-oriented training includes seminars and workshops on various aspects of epidemiology, social and preventive medicine and health systems. Community-based activities include an ambulatory & primary care program, an immersion in community program and a health network project. The program is summarized in Figure 1.

Community-oriented training

Health systems and community health network seminars

The aim is to introduce students to the functioning of the health systems and characteristics of the regional health network. More specifically, students are confronted with the importance of quality assessment, program evaluation and multidisciplinary collaboration in the health field, thus making them more prone to an efficient system health care delivery.

The program includes eight two-hour seminars where, in small group discussions, the students elaborate on various topics, such as: coordination and collaboration procedures among community health institutions; impact of various health insurance systems on health care delivery; quality assessment and therapeutic efficacy; evaluation mechanisms of medical interventions; economic evaluation.

The evaluation procedure focuses on cognitive elements important to enhance the collaboration among community health agencies, to assess the therapeutic efficacy and to insure better a social security.

Epidemiology workshops

The aim is to introduce students to the use of basic tools and concepts in biostatistics and epidemiology, thus helping them to integrate population health issues as well as evidence-based medicine into medical practice.

The program includes ten two-hour workshops where students are, through directed readings in epidemiology, confronted to the use of specific tools to understand and solve health problems of the individuals and the community. Various topics addressed are: investigation of an epidemic; definition of health risk factors, e.g. cardiovascular diseases; issues in study: e.g. sample

size and power; differentiating various types of epidemiologic studies; evaluation of the role of bias and confounding variables in epidemiologic studies; screening tests and evaluation of screening programs.

The evaluation procedure focuses on the use of basic tools in epidemiology and biostatistics and the interpretation of population health data.

Social and preventive medicine seminars

The aim of the program is to introduce students to the sociocultural and environmental aspects of medicine and health, thus helping students to understand the complexity of health, disease and illness as well as their intricacies. More specifically, students are confronted with the importance of prevention and health promotion, health policy priorities and health advocacy, thus making them more prone to consider prevention and community involvement as daily tasks of a medical doctor.

The program includes eight two-hour seminars where, in small group discussions, the students elaborate on various topics, such as: sociocultural aspects of health and disease (e.g. home versus hospital delivery in various cultural settings); setting priorities among health problems

strategies of prevention and health promotion (e.g. various Aids prevention programs targeting specific subgroups of the population); ethics and the health of the population; environment and health (e.g. indoor and outdoor air pollution as risk factors).

The evaluation procedure focuses on the efficacy and relevance of prevention and health promotion in medical practice.

Community-based activities

The community-based activities regroup three programs.

Health network project

The aim is to help students to get familiar with community health institutions and their personnel. More specifically each student identifies and describes the functions of a selected community health institution and its role in the health field.

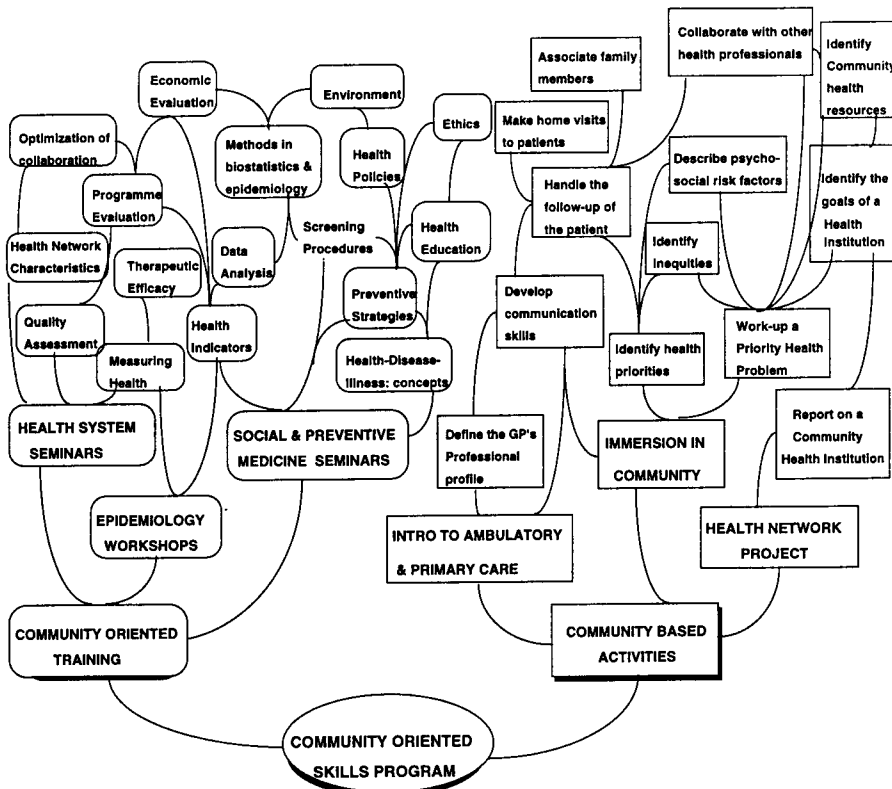
The project consists, over a two-year period, in several site visits and the writing up of a poster on the visited institution. In the poster the students describe: the goals, objectives and target populations of the selected community health institution; its functioning, especially its collaboration with other partners of the community health network; its manpower and resources; its evaluation system.

The final evaluation consists of the students presenting the selected institution at a Poster Session organized at the end of the third year.

Introduction to ambulatory and primary care

The aim is to introduce students early on in their medical training to various aspects of ambulatory, community and primary care medicine. More specifically students get acquainted with the

Figur 1: Community health issues in the PBL preclinical medical curriculum at the University of Geneva School of Medicine.



professional tasks of a general practitioner and learn how to integrate the follow-up of a patient into medical practice.

The program, conceived in partnership with general practitioners and pediatricians in private practice in Geneva, allows each student to attend a private practice following the same patient once a month over a 24-month-period.⁸ Each consultation exposes the students to a higher level of responsibility and brings them closer to ambulatory and primary care practice.

Students address, in bilateral discussion with the general practitioner various topics, such as: the role of the general practitioner; the social environment in health and disease.

Students also experiment various activities of a general practitioner, such as: to handle the follow-up of an ambulatory patient; to make home visits; to interact with family members of the patient.

The students are evaluated on the way they keep a medical file and interact with the patient.

Immersion in community

The aim of the program is to familiarize the students with public health issues and a interdisciplinary and multi sectorial approach to health and disease, thus giving them an opportunity to become competent community health professionals.⁶ More specifically the students learn how to: plan an investigation in a community setting on a selected health problem; collect health data and reflect upon it; collaborate with a network of health professionals; elaborate a synthesis and write a report on the selected health problem.

The program consists of a 4 week-period where the students work up a particular health problem while making short term visits in various community settings, eventually writing up a report on the selected health issues. Furthermore the students are exposed through meetings with community health workers to health topics specifically related to poverty and exclusion.

Over the 4-week-period and for a given health problem the students investigate the health problem considering its bio-psycho-social complexity, such as: establishing priority criteria of the health problem; identifying community health institutions in charge of the problem; describing the way the health institutions handle the problem; reflecting upon the role of the general practitioner in handling the problem; assessing the collaborations between the health institutions in order to solve the problem; describe inequities in access to health services.

The final evaluation consists in assessing the presentation of the collected health data to fellow students.

Conclusion

The community skills program designed at the University of Geneva School of Medicine is intended to train doctors to: respond to the health problems of individuals in their complexity; respond to health needs of the community; work with the community in order to promote healthy life-style and adequate health services; collaborate with other health professionals; introduce evidence-based data and quality control into their professional practice.

The program is conceived to insure that students integrate the *Health for All* principles.³ And this is what might be need for healing the schism between medicine and the public's health.⁹

Since the new PBL program at the University of Geneva Medical School is in its first year of implementation, evaluation data on the program need to be collected in the future.

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