

Chapter 4.3.3

THE COMMUNITY-ORIENTED CLINICAL CLERKSHIP: SHORT-TERM STUDENT PLACEMENTS IN RURAL PRIMARY HEALTH CARE

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Introduction

In recent years the need for community-oriented training of undergraduate medical students has been recognised worldwide. Thus, despite the variation of the curricula across medical schools, there is a growing recognition of the need to focus on education in primary care. This promotion of a more generalist approach entails shifting the objective of education to providing effective medical care to patients while taking account of their family and social environments as well as other factors that affect their daily lives and consequently, their health (1).

The Community Oriented Primary Care (COPC) model of primary health care links clinical medical care with the broader community level factors that influence population and public health, and offers the possibility of recognising the environmental and social epidemiological determinants of health (1).

Primary health care fieldwork training

The medical faculty of the University of Crete was the first in Greece to introduce a training programme in primary health care, namely Primary Health Care Fieldwork Training. Started in 1990, the course and content were developed by professors Lionis and Philalithis with collaboration from others in the Department of Social Medicine, as well as with the participation and co-operation of primary care practitioners, from several rural health centres in Crete (2).

Structure and aims of the Rural Primary Health Care clerkship

The course takes four weeks and is offered to final year undergraduates. Structured as a clinical clerkship,¹ it provides strong clinical orientation, and combines training in both general practice and public health. Students are allocated to one of the 11 primary care centres in rural Crete and the course involves local doctors and community leaders (3). Students are provided with a detailed guide, access to the students' website, guidelines and educational documents, and they also take part in interactive sessions in a virtual medical lab (4).

The aims of this course are to provide students with education and training in a real life primary care context; to better prepare them for service in rural health centres after graduation; and to improve their scientific and social development through acquainting them with the range of activities of primary health care, as well as the specialty of general practice (5). They participate in various activities that can be divided into two categories: those related to prevention and treatment of disease; and in addition, conducting epidemiological investigations in co-operation with the Department of Social Medicine, while developing proposals to improve primary health care services for the patients' benefit.

(See The community-oriented clinical clerkship in rural Crete/<http://www.med.uoc.gr> or <http://pfy-epeaek.med.uoc.gr>)

Content and approach

Students are exposed to situations which help them develop the knowledge, skills and attitudes to be able to provide primary health care in rural areas. They participate in health promotion activities, become familiar with the effect of social circumstances on the health of individuals, families and communities, and address the living conditions of the population. They also learn to recognise the epidemiological-population perspective on health problems of the community and become aware of disease prevention and health promotion through contact with the whole range of relevant services and programmes.

¹ A clerkship – or rotation or block – is a structured clinical learning opportunity which forms part of academic requirements that have to be met.

They develop an understanding of the scope of scientific and operational characteristics of health care in the community, which includes health promotion, disease prevention, diagnosis, treatment, rehabilitation, and social integration (6). They present their findings on disease prevention and health promotion activities, as well as the diagnosis, treatment, and rehabilitation of unselected patients, to staff in the health centres.

Outcomes of the clerkship

As a result of this rurally-based clerkship, students learn to distinguish between different levels in the health services and operational factors at the interface between primary and secondary/tertiary health care. They start gaining a better understanding of the relationship between biological, psychological and social factors of a disease, as well as the expectations people have of their general practitioner for diagnosis, treatment and management of problems, regardless of age, ethnicity, and gender.

They learn about the value and logistics of screening the population for various diseases and health problems. They accompany staff who provide home care to those unable to attend health centres and thus become familiar with medical practices and services provided at home without special equipment. Students also learn to recognise and manage the social, family and psychological factors that affect the health of patients and communities in rural settings.

The four weeks training in health centres gives the students the opportunity to come into contact with the range of acute and chronic diseases occurring in the community. They learn about the different ways in which a disease may present initially when it is undifferentiated, and they gain direct experience in treating a wide variety of health problems. A very important gain is the student's ability to monitor the progress of a disease from its first appearance until the final outcome, through the holistic approach to both the person and the illness which primary health care provides (7). Working at the health centers also exposes them to dealing with emergencies, and they learn to act promptly and effectively according to the guidelines, in order to save lives. They learn how to stabilise and transfer a patient to a referral hospital, with maximum efficiency, to ensure the optimal clinical outcome.

During this clinical clerkship, students are also expected to assist with epidemiological studies and surveys on aspects of primary health care, using survey tools appropriate to the topic being assessed.² These studies highlight and elaborate on common social and other problems as well as diseases within the population. They assess the health needs of the community in order to enhance the health status of the population. They are required to present their results and share experiences and knowledge gained in rural primary care settings and make suggestions for improvement.

Some of the topics addressed have included accidents involving children; children's metabolic syndrome; psychogenic asthma in children; the prevalence of irritable bowel syndrome; the presence of COPD³ stage I in smokers aged 35-45 years old; domestic violence in a rural area; the causes of death in the population; the prevalence of and screening for osteoporosis; assessment of the quality of life and peripheral neuropathy in diabetic patients; and the causes of admission to the health centre.

Breadth of curriculum

Undergraduate students are required to consolidate and assimilate a wide breadth of knowledge, clinical experience and practical techniques. There is thus a need to review current approaches and use new and appropriate methods of education, to ensure that they make a significant contribution to the training of clinical level medical students (8).

In planning a curriculum, medical educators must consider the following:

- What level and content of knowledge is required
- How students can develop appropriate competence in medical science
- How to model appropriate behaviours towards the patient, colleague, and the health care team

² These include the AUDIT questionnaire, the Mini-Nutritional Assessment, the ROME II for IBS criteria, St Vincent's criteria for DM, the ATP III classification, the Geriatric Depression Scale, EQ-15D, *FAGERSTROM* Scale, *MNSI*, TUG (Time get Up & Go) test, MMPI-2, EPQ, SCL-90, OCDS Scale, etc.

³ COPD = Chronic Obstructive Pulmonary Disease.

The roles of a rural educator

Capable teachers, essential to educating undergraduate medical students, are characterised by their excellent subject knowledge, by their effective and communicative teaching methods and their ability to familiarise students with the content of the curriculum. A balanced constitution and pleasant personality are also assets! Teachers are also required to undertake co-ordinating roles, and to encourage students to participate in all activities of primary health care clinics in order to ensure they are educated about the full range of scientific and operational characteristics of health care in the community.

Good teachers have the following characteristics:

- They tend to have an easy approach and dedicate time to their students, despite other demands on them
- They have the capacity to properly assess the students' performance and capabilities and, to guide the course of their learning.
- They help to build the students' confidence through a range of experiences and knowledge so the students know what to do when they are confronted with a range of health problems and differing circumstances.
- They should determine the level of facilities required, so that students are able to manage the health problems of a patient, as well as develop the skills needed to resolve the problem.
- They provide constructive criticism and feedback to ensure that the educational objectives are met.

Teachers must know the principles of epidemiology that govern the operation of the health services, so that they can guide undergraduate students in collecting suitable data in order to address the health problems of communities. They need to teach students how to evaluate various factors (psychological, social, economic, cultural), which are likely to contribute to common health problems and ultimately how to address these.

This first contact undergraduate medical students have with a general practitioner educator can be very influential and may inform their later professional development. Part of the teacher's role is to demonstrate the skills and techniques of a general practitioner. This may include various specialities, thus showing students

that the role of the general practitioner is multi-dimensional and embraces several fields (9). These educators should strive to create an image of generalist medicine as an exciting and appealing field of practice providing student doctors with new horizons and new options by displaying attitudes and behaviours that provide role models which the impressionable undergraduate students should ideally adopt for life.

References

1. Mullan F, Epstein L. Community-oriented primary care: New relevance in a changing world. *Am J Public Health* 2002 Nov; 92(11):1748-55.
2. Souliotis K, Lionis C. Creating an integrated health care system in Greece: A primary care perspective. *Journal of Medical Systems*; 29(2): 187-196. December 2004, Volume 28, Issue 6, pp 643-652.
3. Lionis C, Tsitaki M, Bardis V, Philalithis A. Seeking quality improvement in primary care in Crete: The first actions. *Croat Med J* 2004; 45:599-603.
4. Lionis C, Trell E. Health needs assessment in general practice: The Cretan approach. *Eur J Gen Pract* 1999, 5:75-7.
5. Belos G, Lionis C, Fioretos M, Vlachonicolis J, Philalithis A. Clinical undergraduate training and assessment in primary health care: Experiences gained from Crete, Greece. *BMC Medical Education* 2005, 5:13. Published:9 May 2005.
6. Philalithis A. Pre-graduate medical education in PHC at the Department of Social/Family Medicine, University of Crete Proceedings of the national conference on Primary Health Care; Ioannina, Greece. 2001.
7. Philalithis A, Fioretos M. *The clinical training in PHC: Annual guide for the training*. Heraklion: Social/Family Medicine Department, University of Crete; 1991.
8. MacManus IC. How will medical education change? *Lancet* 1991, 337: 1519-21.
9. Rotem A, Page FC. Am I a good teacher? A guide for teachers of health workers. *WHO Educ* 1979; 80-6.

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