EDITORIAL

Attitude of Community and village leaders towards the Community – Based Programme in The Faculty of Medicine – University of Gezira, Sudan

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ABSTRACT

Objective: The objective is to describe the attitude of the community and village leaders towards the community based programme implemented in the Faculty of Medicine – University of Gezira(FMUG).

Introduction: The curriculum is unique, with 30% of it is community-Based. So the attitude of the community is highly considered in the evaluation of the programme.

EDITORIAL

Methods: Twenty-four community leaders from the 48 members of the State Assembly were interviewed. Forty-eight of the village leaders from nine villages in El managil area where the three phases of the Interdisciplinary Field Training, Research and Rural Development Programme IFTRRDP have been completed recently were also interviewed through a pre structured interview by independent, trained personnel and their responses were collected and analyzed.

Results: All the community and village leaders knew most of the objectives of the school. The expectations of the community from the school are the health education and treatment of patient. Community benefits from the presence of the students were rated as good and excellent by 58% of the community leaders and 87.8% of the village leaders.

More visits for strengthening the relation between the school and the community was suggested by 72.9% (n=35). 18.8% (n=9) of the village leaders participated in the evaluation of students.

Discussion: Objectives of the community based programme at FMUG are very well known and accepted by the community. This support the FMUG community partnership and services beside training students . The expectations of the community are fitting fully with the objectives of the school.

Conclusion: The attitude of the community towards the community based programmes in FMUG is positive ,this can be sustained by ensuring more involvement of them in all steps of the programme.

More studies to describe and measure the attitudes of the community in other CBE medical schools is recommended for comparison.

EDITORIAL

OBJECTIVE:

The objective of this work is to describe the attitude of the community and village leaders towards the community-oriented programme implemented in the Faculty of Medicine – University of Gezira, Sudan as a part of the second comprehensive evaluation of the school's programme.

INTRODUCTION:

Faculty of medicine – University of Gezira (FMUG) is located in Gezira state .in the centre of the Sudan, between the Blue and White Nile.It is the first community-oriented, community-based and problem-solving medical school in the Sudan, established in 1975 (Hamad 1985) and the first batch of students was enrolled in 1978, since then twenty four batches have been graduated .

The strategies of being community oriented community-based are part from the whole philosophy of the university, which is to serve people in the rural areas(Rahim 1989) and the curriculum in FMUG is unique, 30% of it is community-Based (Mendis 2001). All the modules include activities which are community-based, and there are special courses with majorty of objectives achieved by learning in the community at all levels: individuals, families, health centres and villages (Table 1).

The programme at FMUG was evaluated two times; the first in 1988 after completion of ten years (Seedfelt etal 1989) and the second was a comprehensive one in 2000 in which a model of four phases; input, process, output and impact was followed

EDITORIAL

for the evaluation process. The major content areas, instrument development were agreed upon in a series of workshops and meetings in the Educational Development and Research Centre (EDC) in the Faculty of Medicine, University of Gezira.

Table 1: Courses taught completely in the community at FMUG

No.	Course	Semester	Duration	Credit hours
1	Introduction to Medicine & Study of Medicine	1	2 weeks	2
2	Doctor and Society	3	3 weeks	3
3	Interdisciplinary Field Training, Research & Rural Development Programme IFTRRDP I, II & III	2, 4 & 6	3,2 and 1 weeks	6, 5 & 4
4	Primary Health Care Centre Practice & Family Medicine, PHCCP & FM I, II, III & IV	4, 5, 6 & 7	Longitudinal	3 each phase
5	Primary Health Care Clerkship	7	4 weeks	5
6	Rural Residency	7	4 weeks	8

The community is a main stakeholder in the educational process (Stewart et al 1991), they must be involved in all steps of the educational process including the evaluation to make the Community – Institute partnership stronger (Magzoub et al 2000).

The information gathered from the community is very important. For the school authority, it tells them about the fulfillment of the objectives, the health needs of the community, the quality of services provided by the school and the need to continue in such programmes (Magzoub et al 2000), for the course organizers this information may reflect some of the student's performance and attitude towards the community.

For the community it strengthens the partnership with the institute, which will be reflected in the institute's programmes. For the students, they will see the impact of their work on the community and this makes them eager to work in it (Magzoub 2000).

METHODS:

Twenty-four community leaders from Wad Medani town were selected by systemic random sampling technique from the 48 members of the Gezira State Assembly (Wad Medani) were interviewed by personnel who not belonging to the school and they were trained in interview conduction by the authors. The interview was done using predesigned written set of questions consisted of questions on the objectives of the school, services being provided by the school and community expectations, differences between students from FMUG and other medical students and the kind of support the community can provide for the school (see the appendix).

Forty-eight of the village leaders (4-6 leaders per village who are members of the local people's committee) from nine villages in El managil area where the three phases of the Interdisciplinary Field Training, Research and Rural Development Programme (IFTRRDP) have been completed recently, were also interviewed,the interview included the village leaders who were present in the villages at the time of the interview. The interview was done using predesigned written set of questions about the stay of students in the village (timing, duration, hosting and work), acceptance of the students by the villagers, student's attitudes, benefits gained form the student's presence in the village, collaboration between students and the community and suggestions of the villagers to make the relation with the school stronger, this is addition to the same questions asked to the community leaders (see appendix).

Staff, students and trained teachers from far away villages, conducted the interviews.

The answers were grouped together and data analyzed using the SPSS programme in the computer.

EDITORIAL

RESULTS:

All the community and village leaders knew the general objectives of the school, the major sources of information about FMUG for them are shown in table (2).

Table 2: Sources of information about FMUG for the community and village leaders

Source	Community Leaders	Village Leaders
Students	8.3%(2)	50%(24)
Media	8.3%(2)	25%(12)
Media & students	-	18.8%(9)
Live in the town	75.1%(17)	-
The Community	-	4.2%(2)
No response	8.3%(2)	2%(1)

The expectations of the community from the school are illustrated in table (3), Community benefits from the presence of the students were rated as excellent by 25%(n=6) of the community leaders and 77.1%(n=37) of the village leaders , and as very good by 33.3%(n=8) and 10.4%(n=5) of the community and village leaders respectively.

Table3: Expectations of the community and village leaders from FMUG

Expectation	Community Leaders	Village Leaders
Health Education	33.3%(8)	16.7%(8)
Treating of patients	16.7%(4)	20.9%(10)
Health education & treatment of patients	37.5%(9)	50%(24)

EDITORIAL

Health education and conduction of research	4.2%(1)	-
Conduction of research	4.2%(1)	-
Health education and financial support	-	6.3(3)
Don't know	4.2%(1)	6.3%(3)

Regarding community collaboration with student work, it was rated as excellent by 54.2%(n=13) and 66.7%(n=32) and as poor by 4.2%(n=1) and 2.1%(n=1) of the community and village leaders respectively.

In referring to the above questions the community and village leaders were asked to show the differences between the students at FMUG and other medical students; their responses are shown in table (4)

Table (4): Difference between FMUG students and other medical students

Difference	Community Leaders	Village Leaders
No different	20.9%(5)	29.2%(14)
Community oriented and field work	54.1%(13)	50%(24)
Difference in the curriculum	25%(6)	-

EDITORIAL

they are learning with		
Not responding	-	20.8%(10)

Fund is provided by 58.3 %(n=14) of the community leaders ; of those 12.5%(n=3) participated in organizing and supporting the fieldwork and 8.3%(n=2) provide financial support. Spiritual support was given by 29.2% while 50%(n=12) did not mention the way by which they provide their support

When asked about the duration of student's visits and stay in the village, 56.3%(n=27) of the village leaders stated that it was suitable while 20.8% (n=10)said it was very short. Students were accepted by 95.8 %(n=46) of the villagers, the remainder didn't respond to the question. The student's attitude with the villagers was rated as excellent by 68.8 %(n=33) and good 25%(n=12), while as being fair by only 2.1%(n=1) .the rest were not responding to this question.

45.8%(n=22) of the village leaders supported the idea of accommodating the students in one house within the village , 22.9%(n=11) prefer that the students be distributed in the village houses and 27.1%(n=13) were with the idea that the students make a camp in a school or a club in the village. and 4.2%(n=2) not responding to this question.

Student's home visits as a method for data collection was supported by 81.3% (n=39) while collecting data after bringing the villagers in a common place was supported by 10.4%(n=5).

The purpose of the student's visit was almost known by all the village leaders. Purposes mentioned were health education, treating patients in addition to educational purposes. Educational purposes alone were mentioned by 12.5% (n=6).

EDITORIAL

The suitable time for the students visits mentioned by 90% (n=43) of the leaders was the harvesting time (November-December); their explanation being that all the villagers will be available and in a good financial state. The other 10% (n=5) prefer the summer season claiming it was the time of disease spread.

More visits for strengthening the relation between the school and the community was suggested by 72.9% (n=35). Only 18.8% (n=9) of the village leaders participated in the evaluation of students.

DISCUSSION:

This study demonstrated that the objectives of the community based programme at FMUG are very well known and accepted by the community because it allows the university to offer its services beside training students. This is shown by other studies (Mohi & Schmidt 1996). This mainly is due to the work of the students in the community at all levels and the wide coverage. Three hundred villages were covered in the Interdisciplinary Field Training, Research & Rural Development Programme (IFTRRDP) and more than 1500 families through the Primary Health Care Centre Practice & Family Medicine (PHCCP & FM) (M.ElMuktar &I.Eljack 2001).

The expectations of the community were fitting fully with the objectives of the school, which were classified in to three groups: education, research and provision of services both preventive and curative.

According to the classification of the community based programmes, the programme of FMUG can be considered as service oriented like most of the Community-Based Education (CBE) programmes in developing countries (Mohi 2000). These services were studied, analyzed and their impact on the communities was evident through change in the parameters. Still one can not judge that the activities of CBE has a major role in those changes because universities are not the only one service provider in these areas (Hamad 1982,Magzoub & Schmidt 1996).

EDITORIAL

All universities prepare field trips and health caravans to community settings as an extra-curricular activity in their summer vacation and some medical schools are community based also.Although there are no enough studies to evaluate the other CBE programmes in other medical schools or to compare it to the programme in Gezira,the work of the FMUG students is different in its continuity and participation of the community members in identifying their health problems, implementting the solution and evaluating of the change.

The community presents a very positive attitude towards the presence of the students but this need more assessment from the students also. They feel benefits for them being a source of health services for the students working in the community will help future doctors understand more about the culture of the community they will serve(Hamad 2000).

Despite the major role of the community in running the activities in community-based curricula ,still their role in the evaluation of students and programmes is underestimated by the teachers of those schools (WHO 1993).

More students' work in the community will increase the partnership with the university;and more community involvement in the decision making regarding the CBE is needed (WHO 1987), this will of benifit for the conduction of these programmes if the community participates in all steps of the programme including the evaluation.

CONCLUSION:

The attitude of the community towards the community based programmes in FMUG is positive ,this can be sustained by ensuring more involvement of them in all steps of the programme.

More studies to describe and measure the attitudes of the community in other CBE medical schools is recommended for comparison.

EDITORIAL

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EDITORIAL

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EDITORIAL

APPENDIX

Faculty of Medicine -University of Gezira (FMUG)

Educational development and Research Centre

Comprehensive Programme Evaluation

Community Leaders Interview

Serial No…… Name……. Age……. Yrs.

Did you hear about FMUG? 1-Yes 2- No

If yes, what is the source of your information?

1-Living in the town 2- Students 3- Media 4- Other sources (Specify)……..

What are the differences between FMUG students and other medical students?

1- No difference 2- Community orientation 3- Different system of instruction 4- Others……..

What type of help did FMUG offered to the community?

1- No help 2- Health education 3- Research 4- Curative services

How do you rate the benefits of the community from the work of students?

1- Very poor 2- poor 3- good 4- very good 5- excellent

What are the types of benefits did the community gain from the work of students?

1-Health education 2- curative services 3- research 4- others

How do you rate the community collaboration with the students?

1- Very poor 2- poor 3- good 4- very good 5- excellent

What are the expectations of the community from FMUG?

1- Disease prevention 2- Curative service 3- Health research 4- Others

Does FMUG cover the expectations? 1- Yes 2- No

How can FMUG cover the community expectations?

1- Spend more money 2- Provision of manpower 3- Community mobilization 4- others

Do you share in the support of the FMUG activities in the community?

1- Yes 2- No

If, yes what type of support do you offer?

1- Participation in the field work 2- Spiritual support 3- Financial support 4-Others

Do you participate in the FUMG programmes?

EDITORIAL

1- Yes 2- No If no, why not?

1- Not invited 2- Have no desire 3- Do not know 4- others

Faculty of Medicine -University of Gezira (FMUG)

Educational development and Research Centre

Comprehensive Programme Evaluation

Village Leaders Interview

Serial No……. Village……

Name…….. Age……. Yrs

Did you hear about FMUG?

1-Yes 2- No

If yes, what is the source of your information?

1- From media 2- students 3- Community members 4- Others

What are the differences between FMUG students and other medical students?

1- No difference 2- Community orientation 3- Different System of instruction 4- Others

What type of help did FMUG offered to the community?

1- No help 2- Health Education 3- Research 4- Curative services

Do you have suggestions for increasing this help?

1- More visits 2- Health Education 3- training of villagers 4-others

What do you think about the duration of student's stay in the village?

1-Very long 2- suitable 3- short 4- very short

Do you have suggestions about the duration of students stay?

1- No 2- elongation of it 3- shortening of it

What is the suitable way of data collection by the students?

1- Through home visits 2- Bringing people in sheikh home 3 - bringing people in common place

What is the suitable way for student's accommodation in the village ?

1- Each student alone in one of the villagers houses 2- Whole group in One house 3- In a camp out side the village 4- In a school or club

Do you want the students to make more visits to your village?

1- Yes 2- No

Do you know the purpose of the student's visits?

1- Yes 2- No

If yes, what is the purpose?

1-Health Education 2- Patients treatment 3- Educational purposes 4- others

Do you participate in the evaluation of students?

1- Yes 2- No

Did you receive an Invitation from the FMUG to participate in the student's evaluation?

EDITORIAL

1- Yes 2- No

How do you rate the villager's acceptance for the student's visits?

1- Fully accepted 2- Accepted 3- Some acceptance 4- Not accepted 5- Not accepted at all

How do you evaluate the student's attitude during their stay in the village?

1- Excellent 2- Good 3- Fair 4- Bad 5-V.bad

How do you rate the villagers benefits from the students visits?

1- v.big 2- big 3- little 4- v.little 5- no benifit

What are the type of these benefits?

1-Treatment of patients 2-disease prevention 3-Making projects 4-Being a model 5-others

Do the presence of students make any change the villager's Life?

1- Yes 2- No

If yes, What is the that change?

1- village cleaning 2- good attitude 3- others

How do you rate the villagers Collaboration with the students?

1- excellent 2-good 3-fair 4-little 5-no collaboration .

What is the suitable time for the students to come to the villages?

What is the reason for choosing this time?