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View Point

# Only action No oration- The why, The what, and The how of Community Medicine 2.0!

Pavan Pandey

Program Officer, Jhpiego, India

**Corresponding Address:**

Dr PavanPandey,
E-33 Surya Apartments , Model Town, Nehru-Nagar East, Bhilai Durg,
Chhatisgarh-490020.
Email: dnameispaone@gmail.com

## Introduction:

All through, the second half of twentieth century 'community medicine' has evolved from its forerunner 'preventive & social medicine' (PSM).(1)But this was not the Darwinian evolution; instead, it was merely a '*naam-karan*' rather than being a much needed '*bhoomi-poojan*' for the advancement of this specialty.(1) It would had been better, if the heavy weightsof this field would have given more stresson style of teaching community medicine.(2)It would be misdemeanour if we again change its name to 'community and family medicine' or 'public health medicine' or any other charming or sophisticated name we can think off.

The role of community medicine is to make communities 'healthy' by making every citizen 'healthier', which is has far reaching effects as compared to just 'curing' illnesses. To accomplish this, a community physician should have expertizes in a host of scientific disciplines including various clinical specialties. He/she should be skilled enough to understand the determinants (biological, environmental and social), and course of diseases in an individual and the community.(3)Thus we need to think beyond just teaching epidemiology and bio-statistics; rather we should integrate newer fields such as evidence based medicine, health system & policy research, and overall public health leadership in training curricula.(4)In addition to ensuring the metamorphosis of a student into a proficient community physician we should also sharpen their clinical skills. For this, it is vital to focus on skills which will empower a community physician to treat most common illnesses affecting members of a family in different age groups.(5)

## 'Why' we need Community Medicine 2.0?

Community medicine was initially conceptualized as a much needed middle ground between the clinical medicine and public health.(6)As a love child of these two broad fields, it is expected from community physicians to cure illnesses and simultaneously improve the health of masses thus reducing the existing discrepancies in health. (7) Many posts graduate students/young faculty members

have expressed discontentment regarding the manner in which training is being currently imparted to/by them. A host of articles have also been written highlighting these issues.[1,2]At the same time increasing competition from postgraduates of the master in public health (MPH) has brought unprecedented challenges for the fresh pass outs of community medicine. A questionsurely popsup in minds of every post graduate studentthat what specialexpertizes they are acquiring in three years of post-graduation as compared to MPH students. Onlyedge post graduates have is an exclusive employment opportunity in medical colleges, which is saturating rapidly. If we concretely want to produce competent community physicians then we need to give them essential exposure in all spheres of public health, rather than following the outdated practice of posting at RHTC and UHTC for longer duration. [8]

## 'What' is Community Medicine 2.0?

The total duration of post-graduation is divided into two parts: departmental and extra-departmental postings. Table 1 outlines the different places where a postgraduate student should be posted. Table2 details the tentative postings outside the department of community medicine; the objective of this set of postings is to give onsiteexperience about the working of Indian health system and brief managerial experience in various health programs.

**Table 1: Distribution of postings during post-graduation in Community Medicine (total duration = 36 months)**

| S.no | Posting | Duration (in months) |
|---|---|---|
| **1.** | Community Medicine department | 15 |
| **2.** | RHTC+UHTC | 3 |
| **3.** | Other clinical Departments | 8 |
| **4.** | Hospital Superintendent | 1 |
| **5.** | District Health Administration | 7 |
| **6.** | NGO | 2 (1+1) |

**Table 2: Duration wise extra-departmental posting of postgraduate students (total duration 18 months)**

| Postings | Duration(in Months) |
|---|---|
| **District health System** | |
| Chief Medical Officer | 1 |
| District Tuberculosis officer + 1 DOTS centre | 1(15d+15d) |
| District Immunization officer | 1 |
| District Malaria Officer | 1 |
| District health officer | 1 |
| District epidemiologist | 1 |
| CDPO | 1 |
| **Posting in Other Department of Medical Colleges** | |
| Hospital superintendent | 1 |

| | |
|---|---|
| Medicine | 2 |
| Obstetrics and Gynecology | 2 |
| Pediatrics | 2 |
| STD clinic | 1 |
| ART centre | 1 |
| Other Postings | |
| NGO | 2(1month in two NGO's each) |

Table 3 details the contents of teaching to be undertaken in the department. To make the teaching of community medicine uniform across the country, we need to design standard modules and a list of suggestive reading for postgraduate students. Many topics detailed in table 3 are being currently taught by different institute such as Public Health Foundation of India, CMC Vellore

**Table 3: Time distribution and content of teaching schedule in department of Community Medicine (total duration = 18 months)**

| Content/ Training | Duration (in months) |
|---|---|
| Introduction & Scope of Community Medicine | 1 |
| Training in Microsoft Office & Statistical software training | 1 |
| Introduction to epidemiology & epidemiological studies | 2 |
| Medical Biostatistics | 2 |
| Microplanning, Making Program implementation Plan | 1 |
| Critical Appraisal of Published Literature& Evidence Based Medicine | 1 |
| Research Methodology | 1 |
| Writing research protocol for different epidemiological studies | 1 |
| Sample size calculation, Sampling, Questionnaire Design and Data Collection | 1 |
| Outcome-based medical education & Pedagogy Training | 0.5(15 days) |
| Demography and Population Health | 0.5 (15 day) |
| Medical Writing &Thesis Writing | 1 |
| Exams | 1 |
| RHTC | 2 |
| UHTC | 1 |
| Exam preparation | 1 |

and many more by the means of workshops. IAPSM should collaborate with these institutes to develop standardteaching modules, which can be uploaded to IAPSM website as well as distributed to all the departments of community medicine. Table 4 describes the suggestive skills/exposure to be provided during the Obstetrics & Gynecology and Pediatrics postings.

# The 'How' of Community Medicine 2.0:

Afar-reaching question still remains: 'how' to upgrade community medicine. The proposed model of community medicine 2.0 is open for debate, discussion, criticism, and hopefully implementation. Some of the readers might think that the above-discussed model is not the best one and it needs improvements or it is too ideal to be implementable. While having mutual respects for views of each other, avoiding ego clash, we should contribute our ideas and efforts to agree on a set of common minimum interventionswhich are needed urgently for betterment of community medicine.

The main intention behind writing this article was to initiate a formal discussion on 'how' to improve the training of community medicine at post graduate level. Everyone who reads this article must ask the same questions to himself and every department should initiate a discussion within its walls about the possible changes that they can make for the advancement of respective departments. It is an undeniable fact that a range of interventions are required to improve the teaching of community medicine, some at the level of individual departments, and some at the level of IAPSM. Let us come up with a suggestive framework of interventions that are needed at a various levels, so as to distribute responsibilities among ourselves. This exercise should not end here; rather we should set up a system which keeps track of the changes in the field of public health and accommodate the required changes in the curriculumon a regular basis.

**Table 4: Suggested norms for clinical posting**

| **Obstetric posting** | |
|---|---|
| Content | **Norms** |
| Antenatal Care OPD (during day time) | |
| Conducting normal delivery (during Night) | Minimum - 50 |
| IUCD insertion | Competency certificate |
| MTP | Competency certificate |
| Female sterilization | Competency certificate |
| **Pediatrics posting** | |
| Essential newborn care | Posting at NBSU |
| Emergency newborn care | Posting at SNCU |
| Facility based management of severe acute malnutrition | Posting at nutritional rehabilitation center |
| IMNCI | |
| Immunization | |

I have put forward the 'why', the 'what',and the 'how' of community medicine 2.0. Every reader would be having a lot of questions such as why this, why not that etc. At present, I

have a definite answer to only and only one question that is 'who' will bring these changes. It is 'we' each one of us, who admires and intends to take community medicine to highest level, will make this happen. Everyone including those who dislike this branch should contribute their ideas in order to improve the practice of community medicine, thus making it a preferred branch among coming generations.

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