

CO-EDITORS' NOTES

## **Focus on Community and Integrating Community Health**

This issue of *Education for Health* is primarily devoted to educational programs, research, and strategies for integrating the community with and into the education of health professionals and practitioners. As presented in the editorial remarks for this issue (see “Planning for the Future”), part of the journal’s mission is to:

“Focus on linkages between academic institutions and other stakeholders which positively impact health and health care delivery. In this, *EfH* encourages submission of manuscripts that:

describe innovative models for the community-based education of health professionals, and research into the effectiveness of these models

describe models of community-based health care delivery and demonstrate the impact and effectiveness of these models”.

Within the educational realm, important strategies that have been utilized include Community-Based Medical Education (CBME), Community-Based Education (CBE), Community-Oriented Medical Education (COME), and Community-Oriented Primary Care (COPC).

In a recent medical education column, entitled “Integrating Public Health and Primary Care,” Eubank (2005) makes the case for further expanding the role of public health and population-based health into the medical curriculum. He describes a clinical sciences curriculum that develops and integrates: principles of leadership for change; practice improvement; outcomes measurement; quality improvement measures; health care financing; and the analysis of “clinical microsystems”. Overall, Eubank argues for programs and innovations that bring population health into the purview of health professions education and, ultimately, health care delivery.

Related to this, Dr Jaime Gofin in the “Making a Difference” interview in this issue of *Education for Health* defines COPC and discusses its origins. He also describes how COPC has been integrated into the curriculum of family and community medicine programs throughout Spain. Dr Gofin concludes that

“Integrating medicine and public health should be part of the policy of the Network: TUFH.”

Omotara *et al.* in “Communities’ awareness, perception, and participation in the community-based medical education of the University of Maiduguri,” describe the relationship between an academic institution and communities, i.e. Local Government Authorities (LGAs). Evaluation demonstrates that communities viewed student presence and involvement as beneficial. In this regard, Omotara and colleagues make a case for implementing plans for measuring the impact of community-based education in the community.

Etter looks at the community and community health from a different perspective in “Impact of educational outreach visits on smoking cessation activities performed by specialist physicians: A randomized trial”. In this study, Etter examines the potential impact of educational visits to specialist physicians in improving smoking cessation outcomes. More physicians in the study intervention group were likely to recommend use of a computer-tailored program to patients. The research demonstrates the challenges of effectively linking clinical responses to community and public health issues like tobacco education.

In “The development of an instrument for assessing the community-based education of undergraduate students of community and health sciences at the University of the Western Cape”, Mpofu and Imalingat describe the process of developing an instrument for assessing students’ experiences in a community-based education rotation. The authors describe a tool that incorporates an interdisciplinary, problem-based learning, and primary health care orientation in the assessment of CBE, including input from community members.

Kristina *et al.* present two papers related to community-based education. In “Does community-based education come close to what it should be? A case study from the developing world: Students’ opinions”, the authors examine CBE using participant observation and focus group discussions. Their results speak to the challenges of having students involved in the community while, simultaneously, serving and advancing the health care needs of the local community. Evaluation by community members of students’ involvement is one recommendation provided by the authors. In “A survey validation of generic objectives for community-based education in undergraduate medical training”, Kristina *et al.* identify and validate a set of 20 objectives for CBE programs in developing countries. Study results reiterate the importance of health professions graduates having the ability to monitor the effectiveness and efficiency of community health services and to take a population health perspective in order to “... appreciate the complex interplay between psychological, socio-cultural, and environmental factors that impact health and illness”.

Cueto *et al.* in “Accreditation of undergraduate medical training programs: Practices in nine developing countries as compared to the United States” present the results of an analysis conducted by the Foundation for Advancement of International Medical Education and Research (FAIMER). The paper reviews and compares accreditation procedures, concluding that the trend

toward instituting quality assurance mechanisms in relation to medical education is spreading in developing countries. The study demonstrates the importance of health professions education at the global level.

In “Development of the community-oriented medical education curriculum of Pakistan: A case report on the national initiative on curriculum development”, Baig *et al.* describe the process of innovative curriculum development in Pakistan – one of the countries discussed in the FAIMER analysis above. Although not implemented as planned to-date, the general objectives of the undergraduate medical curriculum as specified by the Pakistan Medical and Dental Council are to prepare caring, general purpose, community-oriented doctors, competent to manage common health problems of the people in a scientifically sound and cost-effective manner using appropriate technology and an holistic approach.

Chan, in her paper “Primary Health Care in Hong Kong,” argues for replacement of the medical model in health professions education with a holistic view encompassing broader environmental, sociocultural, and behavioral determinants of health. She describes the primary health care model with an emphasis on health promotion and the empowerment of citizens to acquire optimal health and to prevent disease.

In “Assessing the required skill mastery in public health competencies in Thailand,” Van der Putten *et al.* examine core skills needed for public health personnel. Not surprisingly, “top-level management staff” is expected to more often achieve a mastery level of proficient in skills development. More importantly, the researchers lay out a replicable scheme for assessing public health competencies.

Paul *et al.* in “More questions than answers? Expanding students’ reflections from a community health experience”, examine the “unanswered” questions students have after a family and community medicine clerkship. The authors found that students appeared to be empathetic with their assigned patients, but still had questions and concerns in such areas as the doctor-patient relationship and community health and the availability of social services.

Finally, Vance in “Incorporating music into health care education: Experience at a college of pharmacy”, provides an interesting look at health and culture by describing pharmacy courses he has taught linking songs and music with such topics as health maintenance, pharmacology, toxicology, and drugs of abuse. From the Rolling Stones to Leadbelly, from Senegal to West Virginia, Vance presents an entertaining method of teaching pharmacy at a truly applied and community-based level.

Overall, there are many exciting ideas, models, and lessons learned on community health and health professions education presented in this issue of *Education for Health*. Programs and approaches come from developing and more developed countries. We are certain that there is something in this issue that is relevant and/or applies to your work and your program. We encourage contacting the respective authors and investigators to learn more about their

work and engage in a dialogue regarding education and community health approaches and outcomes.

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## **Reference**

EUBANK, D. (2005). Integrating public health and primary care. *STFM (Society of Teachers of Family Medicine) Messenger*. Dec: 2.