

# **Guidelines for Preventive and Social Medicine/Community Medicine/Community Health Curriculum in the Undergraduate Medical Education**



**World Health  
Organization**

Regional Office for South-East Asia

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# Guidelines for Preventive and Social Medicine/Community Medicine/Community Health Curriculum in the Undergraduate Medical Education



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# Preface

The medical practitioners in the South-East Asia (SEA) Region are expected to meet the health needs of a quarter of the world's population, who live in the 11 SEA Regional countries. The majority of these people are poor with low literacy and living in disadvantaged situations. To enable the medical practitioners to serve these real needy, vast sections of the population, appropriate knowledge, skills and attitudes must be acquired at the undergraduate level. Knowledge of real-life situations, communication skills, commitment and compassion are required to enhance the quality of performance of the medical practitioners at the grass root level. In order to respond to this requirement an expert group meeting was held to develop guidelines for Preventive and Social Medicine (PSM)/ Social and Preventive Medicine (SPM) / Community Medicine (CM)/ Community Health (CH) curriculum in the undergraduate medical education.

The expert group meeting was organized by the WHO Regional Office for South-East Asia during 27-28 August 2009. Senior teachers of PSM/CM/CH from countries of the SEA Region were invited to review the existing curriculum and to develop a country paper according to a preformed template. The current practice of teaching-learning of the subject was reviewed and its strengths and weaknesses were identified. The vision for the future of the subject was discussed in depth. Based on the recommendations made by the experts, the guidelines were finalized.

## Purpose

It is expected that these guidelines will be used by the curriculum designers and teachers of PSM/SPM/CM/CH in undergraduate medical education in countries of the Region. In order to have a basic minimum standards in public health education countries will adopt or adapt the guidelines according to their prevailing health situation and training needs. The implementation of these guidelines is expected to improve the quality and relevance of public health education among the medical practitioners in the Member States.

## Context issues and rationale

In many countries of the (SEA) Region there is a paucity of adequately trained public health professionals and essential public health infrastructure with a robust surveillance system and public health laboratories. Health promotion component has received little importance in the medical curriculum of many countries of the developing world.

Public health emergencies like the H1N1 pandemic merely highlight this persistent deficiency. Therefore, it appears prudent to take a fresh look at the undergraduate medical curriculum for PSM/SPM/CM/CH to assess the possibility of bringing about a significant improvement in the manner public health is being taught.

Community medicine is not considered as a popular career choice despite the fact that social interventions on environment and changes in lifestyle can have greater impact on the health status and life expectancy than curative care.



# 2

## Mission

To contribute to the development of a well-rounded (holistic) medical professional, who will demonstrate knowledge and competence with compassion in dealing with primary health care, desire for lifelong learning, evidence-based practice, interdisciplinary team work, and professional and ethical behavior in practice in order to improve and sustain the health of the population.

# 3

## Goal

To ensure that the medical graduate has acquired broad public health competencies needed to solve health problems of the community with emphasis on health promotion, disease prevention, cost-effective interventions and follow up.

# 4

## Objectives

At the end of the course the graduate doctors should be able to:

- Conceptualize people as the focus of the lifetime service of a doctor and be ready to help always and specially in time of need, minimize the suffering of people and have the ability to “think globally and act locally”;
- Apply the basic epidemiological principles to investigation of diseases, outbreaks, health promotion and disease prevention;
- Contribute to health systems’ performance as a member of the health team in the generation and efficient utilization of human and logistic resources;
- Foster healthy lifestyles in the individual and the community level to prevent environmental degradation and to promote social harmony;
- Identify the health needs of populations and population subgroups through planning, intervention, monitoring and evaluation.
- Provide patient-centered comprehensive primary health care including referral, continuing care and follow-up.
- Ensure research competencies in i) accessing and appraising scientific information ii) preparation of reports and maintaining records iii) presentation of research findings and publishing.

# 5

## Educational programme

### 5.1 Curricular strategy

- The learning environment should be designed to create a positive attitude among students regarding the importance of PSM/SPM/CM/CH as a discipline.
- Directed towards the Institute's Mission Statement (institutes should have their mission spelled out).
- Community-oriented (each teaching-learning session should have focus on the local context).
- Integrated, Problem based and Student centered.
- Multidisciplinary in its approach.

### 5.2 Duration

The community medicine curriculum should be taught throughout the undergraduate period, including the internship incorporating both vertical and horizontal integration.

### 5.3 Specification of outcomes

- Competencies/objectives should be clearly defined in the curriculum document
- Affective areas (humanistic approach) to be emphasized in professional skill development,
- Communication skill and ethical practice should be duly stressed.

### 5.4 Curriculum implementation

- For theoretical concepts—classroom and faculty based laboratories
- For real life practice—rural and urban field practice areas
- Patients who come to the facilities for health care reflect the situation existing in the community. Teaching learning methods should enable the students to relate to these real life situations of the community.

### 5.5 Subject contents

- Exposure to all relevant areas of public health/community medicine
- Basic and Applied Epidemiology, Biostatistics, Demography, Environmental and Occupational Health, Sociology, Family Health, Health Promotion, Health education, Community Diagnosis and Health Research
- Competencies in Gender issues, Violence and Injury prevention, Adolescent Health, Substance Abuse, Rational Use of Drugs, Climate Change, Ethics and Behavioural Sciences
- Health system competencies involving Management Science, Leadership, Health Planning, Health Economics, Global Trade Agreements, District Health Systems, Disaster Management, International Health Regulations, Public Health Laws
- priority health issues and diseases of public health importance in the country context

# 6

## Interaction with health and related sectors

- Constant dialogue and interaction with health and related sectors for purposes of illustrating practices in the community.
- New concepts and practices such as public-private partnership to be introduced to students.

# 7

## Faculty position and recruitment

- Adequate number of qualified teaching staff in the core areas
- Diversity of disciplines that contributes to the practice of public health
- Teachers trained in educational technology
- Balance in teaching, research and service functions
- Full time and part time positions in a balanced proportion
- Adjunct faculty from other departments of the same institution
- Staff development programmes-provision for CME/ CPD

# 8

## Teaching and learning strategies

- All teaching and learning activities should be student centered
- Experiential learning to be encouraged both inside and outside the class room
- Field experience in PHC settings
- Communities to become ‘laboratories’ for skill learning
- Multiple learning experiences e.g. case studies, project work, exposure to role models, role play, workshops, seminars etc., should be used.



# 9

## Educational resources

- Working with people and their problems as the rich source of resource
- Physical facilities in class room, field settings and clinical encounters
- Information technology facilities and related technical resources
- Expertise in pedagogy and adult learning

# 10

## Assessment and audit

- Focus on achievement of the objectives and competencies provided to students
- Multiple methods of assessment to be used
- Modern Methods of assessment to include assessment of problem solving ability
- Appropriate components to be evaluated at the final qualifying examination
- Student's feedback to be collected as a method of measuring effectiveness of teaching.

# 11

## Monitoring and evaluation

- Observation of student performance in community settings.
- Ability to work in teams should be evaluated rather than mere assessment of individual performance.
- Presence of mind, instant decision-making, appropriateness of referral, community diagnosis, use and interpretation of statistical data, logical and rational plan of patient management, cost effectiveness of the proposed solutions should be evaluated.
- Feed back of a 360 degrees nature to be obtained from teachers, students, organizers of community based teaching, administrators and community representatives. The findings should be considered preferably in an academic seminar and be used for further improvement.

# 12

## Linkage with Ministry of Health

- Adequate consultations and rapport be undertaken with Ministry of Health with respect to field practice areas, District hospitals and other organizational arrangements involving the link ministry.
- Criteria and extent of linkage to be worked out and documented.

# 13

## Review and renewal of PSM/SPM/CM/CH programmes

- Issues in public health are constantly evolving and review and renewal of the program should be continuously undertaken.
- Adaptation of mission and objectives of undergraduate programmes in public health.
- Constant review of competencies, educational resources and organizational structure.
- Institutional review of the public health program along with the whole curriculum may be considered at the end of graduation of one batch of students.
- The nomenclature of the subject may be uniformly used as “Public Health” in the South-East Asia Region.

Health is a basic human right and WHO is committed to the people's health. Medical practitioners play a pivotal role in providing health care to the people. The majority of people in countries of the South-East Asia Region have limited access to medical practitioners. In most situations, curative care is taking a bigger share than preventive, promotive and rehabilitative care.

To address this problem an appropriate curriculum is essential to guide the educators, learners, administrators and other stakeholders. The WHO Regional Office for South-East Asia recognized the need to review the existing curriculum of Preventive and Social Medicine/Community Medicine/Community Health to make undergraduate education more appropriate for the current needs of the people.

These guidelines were prepared with involvement of senior experts in this discipline from academic institutions in countries in the Region. It is expected that both teachers and students will benefit from these guidelines, which in turn will improve the health status of people.

These guidelines are flexible and have scope for modification according to the country or the institutional context.



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