

CHAPTER V

PRESENTATION

I have presented my portfolio of thesis to the examination committee on 5th April 1999. The presentation was divided into four parts including introduction, argument, proposal and data exercise.

In introduction, I made the overall introduction of my thesis and explained its title. Some definitions, which were relevant to the contents of my thesis, were also presented.

The argument was presented by describing, the problem situation, reasons and evidences, the model and causal web, the areas to be improved, the criteria to be considered and proposal of most logical intervention.

In proposal part, I described about the program I was proposing and explained how it works. Then I went on explaining about the study and its main elements such as aim and objectives, methodology, outcome measurement and ethical issues.

Finally, data exercise was presented in terms of objectives, methodology, findings and lessons learned and ethical issue.

After the presentation, the examination committee raised the questions to which I tried to respond my best.

A total of thirty-nine overhead transparencies were prepared for the presentation and the contents are given below sequentially as shown to the examination committee.

Task Based Learning With Early Community Exposure

An education program to improve community orientation of medical students in Myanmar

Problem Situation

Community orientation of medical students in Myanmar is poor

Community

- A dynamic whole that emerges when a group of people participate in common practice, depend on one another, make decisions together, identify themselves as part of something larger than the sum of their individual relationships, and commit themselves for the long term to their own, one another's and the group's wellbeing.

(a group of people with common characteristic or interest living together in a larger society)

(Reagan&Fisher, 1997)

Community Orientation

Awareness of health and related issues and problems in the community

Interest and willingness to address those issues

Able to work in and with the community

(Based on Babara Starfield, 1992)

Reasons

Valuable, important and untapped resources

Not properly studied

To provide base line information to decision makers

Personal interest

Evidence

Depend on indirect evidences:

Specialty choice among medical graduates

Imposing three year compulsory service

World wide recognition. Eg,

WHA (1995)

Edinburgh declaration

Causes of Problem Situation

Personal : Attitude, Interest , Ambition and their Life Style

Medical Education System : Selection, Teaching Methods,
Learning Environment, Curriculum and Role Models

General Socioeconomic Conditions : Living and Working
Conditions, Safety, Economic Opportunity

Existing Health System : General and Personal Management,
Motivation, Career Development

Causes of Problem Situation

Personal : Attitude, Interest , Ambition and their Life Style

Medical Education System : Selection, Teaching Methods,
Learning Environment, Curriculum and Role Models

General Socioeconomic Conditions : Living and Working
Conditions, Safety, Economic Opportunity

Existing Health System : General and Personal Management,
Motivation, Career Development

Areas to be improved

- 1. Medical education*
- 2. Health system management*
- 3. General socioeconomic environment*

Criteria to be considered

- 1. Feasibility and practicability*
- 2. Urgency*
- 3. Sustainability*
- 4. Political will*
- 5. Cost*
- 6. Vulnerability*
- 7. Magnitude of importance*
- 8. Availability of resources*

Problems in Area of Medical Education

- 1. Unsatisfactory learning environment**
- 2. Conventional teaching approaches**
- 3. Traditional curriculum**
- 4. Unsuitable student selection procedure**
- 5. Poor role model**

Possible Interventions

- 1. Improving learning environment and teaching approaches**
- 2. Improvement of whole undergraduate curriculum**
- 3. Fostering appropriate student selection criteria**
- 4. Improvement of role models**

Proposed intervention

Improving learning environment and teaching method

Proposed Program

Task Based Learning with Early Community Exposure

The Program

1. Described by Harden in 1988
2. Educationally sound, effective and efficient strategy
3. Ensures that learning objectives are achieved
4. Stimulates further learning by the students
5. Focus on actual task addressed by health care professionals
6. Can make learning more related to work of health care providers

Early Community Exposure

Well recommended. (Schmidt, 1991)

How does it work? (Traditional attitude theory)

- 1. Exposure to new information**
- 2. Enforced behavior modification**
- 3. Changes in group affiliation**
- 4. Increased in self insight**

Logic of community exposure to first year students

- 1. Students get primacy effect**
- 2. Less influence from biomedical and clinical specialties**
- 3. Flexible curriculum and less difficult to introduce**
- 4. Less competitiveness from other subjects**
- 5. Will get reinforcement in later year (4th year)**

Study

Aim

To improve the community orientation of medical students in Myanmar

General objective

To develop the educational program for improving community orientation of first year medical students in Myanmar

Specific Objectives

- 1. To assess the knowledge and awareness of medical students about health problems in specified community.**
- 2. To explore the the attitude and willingness of medical students in addressing health issues in community.**
- 3. To determine the effectiveness of proposed education program.**

Target population : all medical students in Myanmar

Study population: First year medical students from IM 2 (study group)
and IMM (control group)

Study area : Institute of Medicine 2, Yangon and
Institute of Medicine, Mandalay

Study period : one year

Method and Instrument

Survey

Self administered, semi-structured questionnaire

Triangulated by in- depth interview

Measurement of outcome

Knowledge and awareness : Health and related problems

Community

Willingness and interest(Attitude) career

Towards : professional role

health and its determinants

community

Skills : Ability to work with and in the community

Possible problems

- 1. Administrative:** resistance, responsible figure,
organizer.
- 2. Technical:** content, study and instrument, evaluation
- 3. Operational:** unpredicted social problems,
misunderstanding from community.

Ethical Issue

Promotive in nature

Does not effect capacity to learn biomedical and clinical subjects

Does not interfere regular program

No major issue on both experimental and control groups

Data Exercise

Objective

To study the attitudes of first year medical students of Faculty of Medicine, Chulalornkong University, towards addressing the health and related problems in the community.

Study area: Faculty of Medicine, Chulalornkong University

Study population: First year medical students

Sample size: 18

Sampling method: Convenience sampling

Method : Survey

Instrument : Self-administered, semi-structured questionnaire

In- depth interview

Lessons learned

Administrative: Work Plan, Resources, Unexpected Problems

Technical: Variables and measurement,

Methodology

Development of instrument

Validity and reliability

Conducting survey

Data analysis

Ethical Issue

Young

Don't have enough orientation

Not familiar with some conditions being asked