Appendix - I

Course outline of MBBS curriculum in Myanmar

Sr. No	A c a d e m i c year	Duration (years)	Subjects	Remarks
1.	First MBBS	1	English, Myanmar,	Flexible program,
			Physics, Chemistry,	No community
			Mathematics, Biology	exposure
2.	Second MBBS	1 1/2	Anatomy	Tight program,
			Physiology	Departmentalized
			Biochemistry	
3.	Third MBBS	1	General Pathology	Tight program,
			Pharmacology	Departmentalized,
			Microbiology	Introduction of
			2.6	clinical subjects
4.	Final part one	1	Systemic Pathology	Departmentalized,
			Forensic Medicine	Both community
			Preventive and Social	and clinical
			Medicine	exposure
5.	Final part two	1 1/2	Surgery	Highly clinical,
			Medicine	No community
			Obstetrics & Gynecology	exposure
			Pediatrics	
6.	House Surgeon	1	Surgery	Highly clinical,
			Medicine	One-week field
			Obstetrics & Gynecology	visit.
			Pediatrics	

Appendix - II

Activity Plan (Gantt Chart)

Sr.	Activity	1999- 2000							
No		J	J	A	S	A	S	0	Agency
1.	Program advocacy	X							Self
2.	Submission of						-		Self
	proposal	X							
3.	Formation of working				-				DMS
	group		X		,				
4.	Preparation of course								WG
	guideline		X	X					
5.	Coordination&						-		WG
	cooperation		X	X	,				
6.	Training of trainers			X					WG
7.	Development of								WG
	instrument			x					
8.	Pretesting the								WG
	instrument				X				
9.	Preprogram								WG
	assessment				X				
10.	Preprogram analysis				X				WG
11.	Program								PS&PF
	implementation				X				

12.	Post program					WG
	assessment		X			
13.	Post program analysis		X			WG
14.	Comparing the results		X			WG
15.	Meeting the working					WG
	group			X		
16.	Final report writing			X		WG
17.	Submission of report	-			X	WG

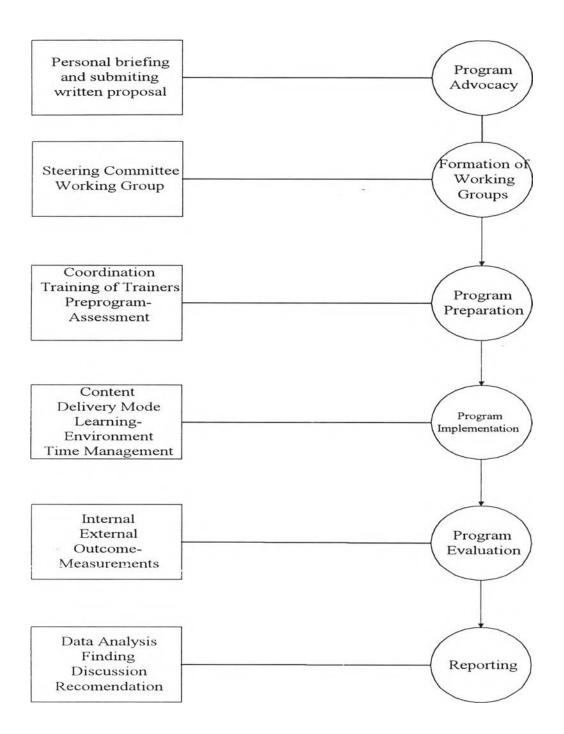
WG = Working Group

DMS = Directorate of Medical Sciences

PS & PF = Program Supervisor and Program Facilitators

Appendix - III

Flow chart of activity plan



Appendix - IV

Learning objectives of the program

At the end of the program, the students should be able to

Knowledge

- Understand and identify the community characteristics, health problems and its determinants and health care delivery system in defined community with a special focus on social and physical environment and behavior.
- 2. Understand how different people in community action groups perceive those with management responsibilities in health service organizations.
- 3. Gain some general understanding of the principles of prevention, public health, health promotion, equity in health, and program planning

Awareness and attitude

Heighten awareness of the health care challenges facing community and inspire the leadership attitude in addressing those challenges

Increase the students' interest on personal, programs and individuals concerned with disease prevention and health promotin and individual patient's needs

Skills and practice

Set priorities regarding health problems and its determinants and identify strategies to improve (or promote) the health of our community

Apply these principles and develop general frame work for the investigation of a local public health problem

Work effectively within teams and community

Serve as an agent of change and a promoter of health in the community and sustain social consciousness

Appendix V

Questionnaire For Attitude About Community- orientation
D. No
Age
Gender Male. 1, Female. 2.
A. This questionnaire is intended for the exercise of studying attitude of medical
students towards career, professional life, health and community. Please
answer the following question.
1. Where is your place of residence? Urban 1, Rural 2.
2. Do you have any obligation to your family in choosing your career?
Yes 1, No 2
B. Do you have any experience of working in the community? Yes 1, No 2
If you are asked by your teachers to do some assignments in the community, how
would you
a. approach the community?
b. get community cooperation?
c. gain trust from the community?
5. Would you voluntarily go and work in the rural area? Why?

В.	Kindly respond to following questions and choose one you prefer most.
1.	Where do you want to work as a medical doctor after your graduation?
	A. Big cities
	B. Large towns
	C. Small towns
	D. Rural areas
	E. Others
2.	Which institution would you prefer to work as a medical doctor?
	A. Hospitals
	B. Public health and community related services
	C. Biomedical laboratories
	D. Medical schools
	E. Others
3.	What is your most admired medical professionals?
	A. Medical specialists
	B. Teachers
	C. Public health physicians
	D. Researchers
	E. Others
4,	What type of working conditions are you most comfortable to work under?
	A. Where all modern equipment and facilities are provided.
	B. Where you do not need to interact with local people.
	C. Where your chance of further study is better.
	D. Where living condition is poor.

- E. Where interaction with local people is necessary.
- C. Indicate (✓) in the table of each statement how much you agree or disagree with it. Please mark every item. Use the following response categories.
 - Strongly agree.
 - ♦ Agree
 - ♦ Uncertain
 - Disagree
 - ♦ Strongly disagree

No.	Item	Strongly	Agree	Uncer-	Dis-	Strongly
		agree		tain	agree	disagree
1.	I will choose a clinical subject to					
	specialize after my graduation.					
2.	Role of a doctor is just to provide medical treatment only.					
	medical treatment omy.					
3.	Ill health refers to the presence of					
	disease only.					
4.	People in villages have to depend					
	on health workers other than					
	medical doctors for their health.					
5.	Clinical medicine is most				_	
	prestigious subject in medicine.					

6.	Prevention of disease, promoting					
	health and rehabilitation are not					
	main tasks for a doctor.					
7.	There are conditions other than					
	disease, which is responsible for				;	
	poor health.					
8.	Community is not important for a					
	doctor when he is doing his task.		-			
9.	Public health related subjects are	-				
:	as important as clinical subjects.					
10.	Physicians should spend little				-	
	time with prevention because it is					
	not physicians' task.					
11.	Social and environmental					
	conditions are not important for					
	health.					
12.	Participation of local community				_	
12.	-					
	is important for improving the					
	health status of that community.					
L			l	1	I	

13.	For a medical student, to become			
	a clinician is my main objective			
14.	Doctors must go to the rural and			
	less developed areas to fulfill			
	medical services.		,	
15.	It is necessary to know effects of			
	illness on patients' families and	-		
	community.			
	, and the same of			
16.	If I am asked by the government			
	to serve in the community, I am			
	willing to serve.			
17.	Patients in the community expect			
	more than medical treatment from			
	doctors.			
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• Thank you for your kind cooperation and for your time.

Curriculum- Vitae

Name : Than Zaw Myint

Designation : Assistant Director, Ministry of Health

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Education : M.B.B.S (1982)

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1996-1998 Staff Officer (Under Graduate Training),

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1998 Assistant Director, Ministry of Health