

IDENTIFYING CONCERNS OF POSTGRADUATES IN COMMUNITY MEDICINE USING A QUALITATIVE RESEARCH METHOD- VISUALISATION IN PARTICIPATORY PROGRAMMES (VIPP)

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ABSTRACT

BACKGROUND

Postgraduation in Community Medicine finds few takers and those who do take it up as a career option have many concerns regarding the course. To understand the issues involved, a qualitative method called VIPP was used, which is a people centered approach to identify issues from the perspectives of those involved. This study is set to identify the problems faced by postgraduate students in Community Medicine regarding their course of study.

MATERIALS AND METHODS

This study was conducted during a regional postgraduate CME of the NTR University of Health Sciences, Andhra Pradesh. Postgraduates and junior faculty from 5 medical colleges in the region were involved in the exercise after taking their informed consent. Visualisation in Participatory Programmes (VIPP), a qualitative method was used as a means of obtaining information followed by a discussion with visual display of all the mentioned items.

RESULTS

The themes that emerged are problems faced due to the student's felt inadequacies, faculty shortcomings, issues regarding the department/college management and lacunae in the course structure and implementation.

CONCLUSION

In VIPP, sensitive issues are visually displayed for all to see and contemplate. Many of the student's issues were actually brought on by poor curriculum planning and implementation. This was also undermining students' self-esteem and causing anxiety about future career prospects.

KEYWORDS

VIPP, Qualitative Research, Community Medicine, Postgraduates, Participatory.

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BACKGROUND

Qualitative research seeks to understand a given research problem or topic from the perspectives of the local population, especially their values, opinions, behaviours and social contexts.¹ Only relatively, recently have healthcare professionals begun recognising the value of qualitative research procedures for health systems research.² Participatory approaches in health are becoming increasingly popular and visualisation methods are of interest to health researchers seeking to investigate beliefs and practices in diverse cultural contexts.

Visualisation in Participatory Programmes (VIPP) is a qualitative research approach, which combines techniques of visualisation with those of participatory interaction. Here, the participants express their individual ideas anonymously on a given topic in large enough letters on paper cards. These cards are collected, jumbled up and then read out to the whole group for discussion. Everyone takes part in the dialogue including the reticent and the aggressive members, which ensures a truly democratic process of coming to a consensus. VIPP encourages an exchange of ideas and the sharing of different perceptions, which can further lead to new ideas and community actions.³

Many medical students feel that Community Medicine is an uninteresting subject lacking relevance. There are very few skills to learn and also the internship training experience is very unsatisfactory.⁴ Postgraduate education in Community Medicine, however, intends to equip students as a teacher, a health manager and a researcher.⁵ However, few postgraduates (PGs) take it up as a career as they are usually confused about the scope of the subject. The MCI states that a PG completing MD in Community Medicine should be competent in various topics such as health policy

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and planning; leadership and management, epidemiology and biostatistics, health promotion and disease prevention, documentation and dissemination, behavioural change communication, research methodology and education technology.⁶In essence, the three years training must enable them to occupy managerial positions at different levels of the healthcare delivery system. They must also add to a dedicated pool of researchers and good medical teachers/trainers with adequate pedagogic skills.⁷

A majority of those who do take up MD Degree in Community Medicine attracts are usually those who have been denied other subjects due to lack of opportunities or low scores in the entrance tests. It therefore becomes a challenge for teachers of Community Medicine to train such candidates. Adding to this, field practice areas in most colleges have not been developed and exposure varies from college to college leading to varying levels of competency and skills. This study is set to identify the problems faced by PG students in Community Medicine regarding their course of study by using a participatory technique like VIPP to facilitate discussion and consensus.

MATERIALS AND METHODS

This study was conducted during the NTR University of Health Sciences, AP, Vijayawada, Regional Postgraduate CME in April 2015 at the Department of Community Medicine, NRI Medical College in Chinakakani, Guntur District. A total of 19 postgraduates (PG) (from 1st year to 3rd year) and 12 junior faculty from 5 medical colleges in the region who attended the programme on qualitative research methods were involved in the exercise after taking their informed consent. VIPP techniques were used as a means of obtaining information in a participatory manner followed by a discussion with a visual display of all the mentioned items.

Requirements for VIPP- Sufficient space for all participants to be seated comfortably and visible to each other. Coloured chart papers cut into pieces, marker pens,

adhesive and a large white board. The whole exercise took about 2 hours.

VIPP- The steps are as follows- The research question was introduced to the participants and the VIPP procedure was explained. Each participant was given 3 pieces of chart paper. They were advised by the facilitator (authors) to write in bold and visible letters one problem per card with marker pens (Rules of writing were one idea and three lines per card only). The participants were asked to place cards face down on the floor. The cards were collected and shuffled assuring anonymity.

Each card was now shown to the participants and read out aloud and the problem was discussed by all participants. The genuineness and the magnitude of the problem was discussed and with the consensus of all pasted on a whiteboard for all to see. All the cards were thus read out and pasted leaving out the problems, which were repeated.

Once all the cards were pasted, an attempt was made to categorise the problems. Once a definite organisation was identified, the cards were sorted into each category following a discussion and after a consensus were reached. After discussion, the final clusters of ideas were formed, titled and marked by the facilitator (Figure 1).

RESULTS

A total of 31 cards were put up on the whiteboard. Strongly felt issues were identified and discussed at length. The identified issues were categorised and rearranged accordingly (Table 1). The classification that emerged is listed under the following broad headings-

1. Problems faced by the student due to his/her felt inadequacies.
2. Shortcomings of the faculty.
3. Issues regarding implementation of course activities by the department/college management.
4. Issues regarding the course structure and planning by the university.

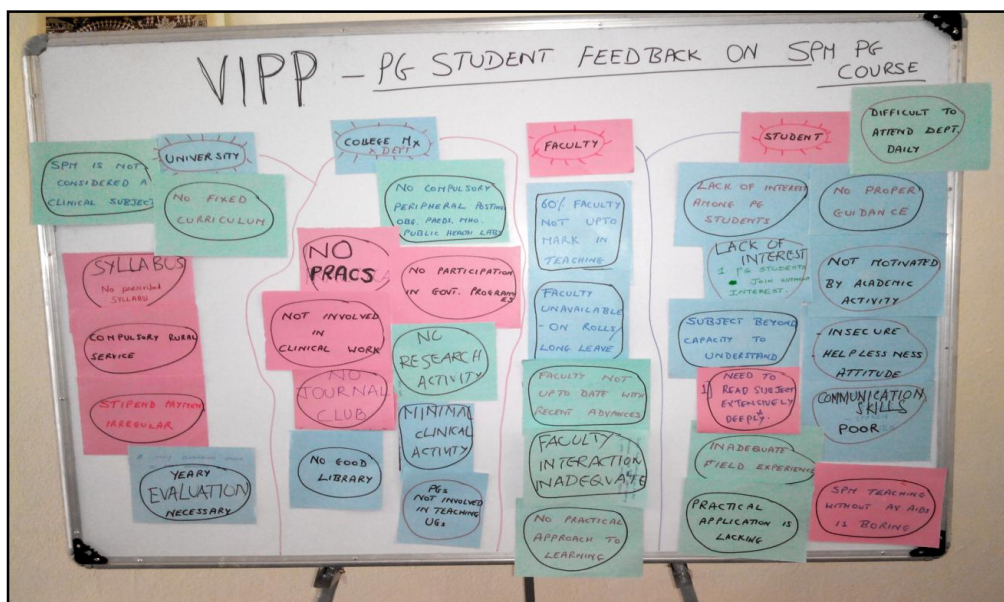


Figure 1. VIPP Display

Student's Inadequacies	Shortcomings of the Faculty	Department/College Management	University and Course
Lack of interest	Not upto mark in teaching	No compulsory peripheral postings	SPM is not considered a clinical subject
Joining the course without much interest	Inadequate number of faculty	No practicals conducted	No fixed curriculum
Difficulty in attending daily	Not upto date with recent advances	No research activity	No prescribed syllabus
No motivation	Interaction with PGs inadequate	Minimal or no participation in clinical activity	Compulsory rural services after course completion
Subject beyond capacity to understand	No practical approach	PGs not involved in teaching UGs	Irregular stipends
Insecurity about the course and helplessness	No proper guidance	Poor library	Yearly evaluation not done
Need to read extensively and deeply	Not able to motivate by academic activity	No proper journal club	
Inadequate field experience		No participation in government programmes	
No practical application of knowledge			
Poor communication skills			

Table 1. Problems Faced by the Postgraduates in Community Medicine

DISCUSSION

The most common felt problems were to do with the student himself. Many students joined Community Medicine without any real interest in the subject. Singh MK et al found that fear of not being able to earn name/fame, recognition in society and job satisfaction in comparison to other clinical subjects along with lack of information regarding future career prospects were the most important causes for rejection of Community Medicine as a career option.⁸ Students felt that they were not self-motivated and also unable to understand many aspects of the course. The subject required extensive and in depth study and staying motivated throughout the duration of their study is often a challenge. Motivation allows one to overcome obstacles and keep going in the face of difficulties.⁹

The PGs felt that they had inadequate field experience and were unable to apply their knowledge in practical situations. All felt that their communication skills were poor. Service candidates who were older in age felt that attending daily to the departmental work was difficult. Azhar GS suggests that the postgraduates in Community Medicine are at a loss to understand their role in mitigating the health situation in the country. The future to them appears to be only in academics.¹⁰

The Community Medicine Department faculty holds pivotal responsibility of monitoring the training programme for PGs and ensuring its implementation. They must ensure repeated practice in the community lab with continuous formative assessment and feedback.¹¹ The role of the teacher should be to facilitate the student to acquire the competencies through field-based experiential learning of public health competencies.¹² The participants felt that the faculty was not upto the mark in teaching and not up-to-date with recent advances in the subject. The faculty was unable to motivate or inspire the students and they did not

have a practical approach to teaching/learning. Most of the teaching in public health is carried out using didactic lectures within the institution with limited exposure to the community. Public health education has to be an active process, student centered, inquiry driven, evidence based and problem solving as well addressing the needs of the community.

Students were of the opinion that there was inadequate interaction with faculty and poor guidance from them. Teachers in the field of Community Medicine have a responsibility to organise the given syllabus in such a way that it will engage the attention of the students. The objectives of the course should be clearly told to the students. Appropriate teaching and learning experiences should be offered followed by a valid assessment process.¹³ Though there is a favourable attitude toward Community Medicine as a subject students are not coming forward to take up this subject as it is perceived to be a "boring" subject. Various strategies like field-based teaching, group discussion, integrated teaching (horizontal and vertical), application and relevancy oriented teaching will go a long way.

Problems listed regarding the department administration and management were that students were not being posted in peripheral postings like Paediatrics, OBG, Public Health Laboratory, etc. They were also not involved in any national health or Government health programmes taking place in their field service area. Even the best of the departments of Community Medicine in the country cannot impart/inculcate all the required skills/competencies to PGs. Some of the skills are to be acquired by extramural teaching models by seconding the PGs to a specific institute or regular placement of students with national health programmes or exchange programmes.¹¹

Due importance was not being given to research activity. There were no defined practicals for the students and involvement in clinical activity was minimal. Library facilities were also poor (MCI suggests that the library must have 17 national journals, 19 international journals, 12 important textbooks and many reports and documents from GOI and international agencies including the WHO and access to important and useful websites). Routine activities like journal club were conducted irregularly. Under pedagogy, PGs benefit by teaching the undergraduates. However, this opportunity was not being given to them in a planned manner. Academic conditions and environmental factors should be well-coordinated to favour postgraduate students so that they can develop the requisite skills.¹⁴

Coming to the lacunae in the university's course design, the most commonly felt issue was that Community Medicine is not being considered a clinical subject. There is no fixed curriculum and no prescribed syllabus. According to the MCI, the main focus of the reforms in the PG course curriculum should include adequate exposure in clinical specialities, which will help compare patient care practices and quality across national and international standards. Core curriculum must contain ethics, professionalism, modern teaching-learning technology and good clinical practice/good laboratory practices, research methodology and biostatistics, communication skills, computer applications, safe medical care and medicolegal issues as salient elements. Different curricular models maybe practiced for different parts of the course, i.e. part of the curriculum maybe subject based, part maybe problem based, etc. In addition, there can be a core content and provision for electives and regular revision of curriculum at periodic intervals depending on newer developments in the field.¹⁵ The MCI document is silent on formative evaluation of the PGs and leaves it to individual universities to take the initiative. The compulsory rural service after completion of PG course is an underlying issue to all.

CONCLUSION

VIPP is very good in ensuring group participation in identifying issues or decision making. Using it, sensitive topics can be discussed openly and the issues were visually displayed for all to see and contemplate. A categorisation of the issues is also possible. Each of the stakeholders can see where their own inadequacies are this qualitative approach gave in a short time a very comprehensive analysis of the problems facing a PG student in Community Medicine.

Many of the student's issues were actually brought on by a poor curriculum planning by the university and implementation by the management and the department. This was also undermining students' self-esteem and pride in their course of study and future prospects leading to attitudinal problems. The MCI should revise the curriculum more frequently to keep it at pace with the advancements in the field. To facilitate high standards of training, managements of medical colleges need to implement necessary changes to bring the teaching from the classroom to the community. This would help provide a realistic picture

to the subject and act as a stimulus to learning and an active involvement in its application and implementation.¹⁶

Limitations of the Study

The focus was only on the problems/issues faced and not on the positive aspects of the existing course. This study was done with only one group of students and junior faculty. Triangulation with other groups was not done to confirm the findings.

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