

Fostering integration between undergraduate medical education and primary healthcare

INTRODUCTION

The recently adopted competency-based undergraduate curriculum for medical students enrolled for the academic year 2019 onwards represents a paradigm shift in the medical education delivery.^[1] The undergraduate medical curriculum lays down the foundation for the development of a competent medical graduate around the framework of subject-specific competencies. To ensure that these competencies are acquired by the students, we have to decide the teaching–learning experience (*viz.* large-group teaching session, small-group teaching, practical, demonstration, skill laboratory), the appropriate teaching–learning methods for each and every specific competency and the most appropriate method of assessment.^[1,2]

STRENGTHENING OF PRIMARY HEALTHCARE

Acknowledging the need to accomplish sustainable development goals and the attainment of the universal health coverage, a lot will depend upon the strengthening of the existing primary healthcare services.^[2] This strengthening can be done in a wide range of ways, and one of them will be to prepare the undergraduate medical students to work as a primary care physician. However, it will not be wrong to document that not many medical schools give the desired attention to this component of medical training, rather emphasis has been towards medical knowledge and acquisition of clinical skills.^[3] This calls for the need to take active interventions to ensure that primary healthcare is integrated with the medical education curriculum.^[2-4]

PRIMARY HEALTHCARE PHYSICIAN AND MEDICAL EDUCATION

The new curriculum aims to produce an Indian medical graduate who possesses the desired knowledge, skills, attitudes and values, which empower them to operate adequately and efficiently as a physician of first contact in the community, while being globally relevant.^[1] In other words, we are envisioning a world wherein the medical graduates are competent enough to function as a primary care physician, but are also possessing the desired

attributes to match graduates of international standards. It is quite essential that medical graduates are trained to practice in primary healthcare settings, as there is an immense dearth of number of healthcare professionals in rural and remote settings. This makes the situation extremely demanding and challenging for the inhabitants in terms of sustaining optimal health, well-being and restoration from illnesses.^[2,3]

CURRICULA INNOVATIONS IN DIFFERENT PROFESSIONAL YEARS

The proposed integration can start right from the time of the foundation course, wherein the newly joined students are given exposure to the field practice area of the medical college. From the 2nd professional year, as a part of the clinical postings in the department of community medicine, the students in batches are taken to the institutes of public health importance (*viz.* Anganwadi centre, primary health centre). In addition, students can also be involved in the observation of different public health days so that they simultaneously learn leadership, teamwork and communication skills. The same practices can be continued in the 3rd professional year, and once again, the interventions targeted towards primary healthcare can be reinforced as a part of the proposed electives in the department of community medicine.

Further, the students are posted in both urban and rural health centres for a period of 1 month each, wherein they learn all the basic skills of a primary care physician. In fact, there is always a provision to post the medical undergraduates to the primary health centres under the mentorship of the medical officer posted at the primary health centre and the students learn through experiential and self-directed learning. Another approach for primary healthcare exposure can be via posting students as a part of the National Social Service or Youth Red Cross initiative and the students learn various skills and grow on professional front. The students can be asked to maintain a logbook or record their reflections about their experiences, and all these serve as an indicator for learning. However, it is always recommended to assess the learning of the students, and all the staffs in the department of community medicine can be involved in the objective assessment.

LESSONS FROM THE FIELD

At Shri Sathya Sai Medical College and Research Institute, a constituent college of the Sri Balaji Vidyapeeth, Deemed-to-be-University, Puducherry, a number of initiatives have been taken under the ambit of the department of community medicine to ensure that primary healthcare is smoothly integrated with the medical education curriculum without compromising the teaching hours allocated to other subjects. The department is involved in the organisation of Early Community Exposure to the 1st-year medical students, wherein the students are sensitised about research and get a hands-on experience on quantitative and qualitative research. In addition, the institution has established linkage with three primary health centres and the plan is to depute the students to these centres in rotation to empower them to function as a primary care physician.

IMPLICATIONS FOR PRACTICE

The need of the hour is to consider exposure to primary healthcare as an essential and integral aspect of the curriculum and then plan for different strategies to ensure that medical students can provide promotive, curative and rehabilitative care in the primary care settings.^[3-5] The Curriculum Committee of the Institution should take the lead and plan for different curricular innovations in that regard. It is always nice to involve all the stakeholders (viz. the medical education unit and the department of community medicine) while taking such decisions so that the pros and cons can be considered from different perspectives and all decisions are in the best interest of students. Finally, there has to be an inbuilt mechanism to ensure evaluation of the implemented measures so that based on the inputs received, the interventions are modified for the subsequent batches of undergraduate medical students.

In conclusion, primary healthcare is an indispensable aspect of the healthcare delivery and the most effective approach to strengthen the same will be through curricular reforms. These curricular reforms should target the integration of primary healthcare within the medical curriculum so that we accomplish the vision of producing a competent medical graduate.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

Saurabh RamBihariLal Shrivastava¹,
Prateek Saurabh Shrivastava²

¹Medical Education Unit Coordinator and Member of the Institute Research Council, Department of Community Medicine, Shri Sathya Sai Medical College and Research Institute, ²Department of Community Medicine, Shri Sathya Sai Medical College and Research Institute, Sri Balaji Vidyapeeth – Deemed to be University, Ammapettai, Nellikuppam, Chengalpet District, Tamil Nadu, India

Address for correspondence: Dr. Saurabh RamBihariLal Shrivastava, Professor, Department of Community Medicine, Shri Sathya Sai Medical College and Research Institute, Sri Balaji Vidyapeeth (SBV) – Deemed to be University, Thiruporur - Guduvancherry Main Road, Ammapettai, Nellikuppam, Chengalpet District - 603108, Tamil Nadu, India.
E mail: drshrishri2008@gmail.com

Submitted: 13-Apr-2021 **Revised:** 18-Jun-2021

Accepted: 18-Jun-2021 **Published:** 25-Oct-2021

REFERENCES

1. Jacob KS. Medical Council of India's New Competency-Based Curriculum for Medical Graduates: A critical appraisal. *Indian J Psychol Med* 2019;41:203-9.
2. Mariolis A, Mihas C, Alevizos A, Papathanasiou M, Mariolis-Sapsakos T, Marayiannis K, *et al*. Evaluation of a clinical attachment in Primary Health Care as a component of undergraduate medical education. *Med Teach* 2008;30:e202-7.
3. Nongkynrih B, Anand K, Kusuma YS, Rai SK, Misra P, Goswami K. Linking undergraduate medical education to primary health care. *Indian J Public Health* 2008;52:28-32.
4. Mariolis A, Alevizos A, Mihas C. Undergraduate medical education in Greece: A hostile environment for primary health care. *Med Educ* 2008;42:442.
5. Ahmed M, Vellani CW, Awiti AO. Medical education: Meeting the challenge of implementing primary health care in sub-Saharan Africa. *Infect Dis Clin North Am* 2011;25:411-20.

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

Access this article online	
Quick Response Code: 	Website: www.jcsr.co.in
	DOI: 10.4103/jcsr.jcsr_27_21

How to cite this article: Shrivastava SR, Shrivastava PS. Fostering integration between undergraduate medical education and primary healthcare. *J Clin Sci Res* 2021;10:263-4.

© 2021 Journal of Clinical and Scientific Research | Published by Wolters Kluwer – Medknow for Sri Venkateswara Institute of Medical Sciences, Tirupati