Community Diagnosis and Feasible Intervention Training (CDFIT)
(Sensitizing Medical Students to Community Based Learning)

Background

Community based learning as against classroom centered lectures provide better opportunity to understand the real world scenario, which creates better prospect to practical learning. The students are more exposed to various disease presentations in the community, which is rare in hospital based learning. Sensitizing medical undergraduates about rural health through Community Diagnosis and Feasible Intervention Training (CDFIT) in nearby villages during their posting in Community Medicine has the potential to trigger active learning by medical students.

Objectives

- To introduce the medical undergraduates to community based rural health learning through Community Diagnosis and Feasible Intervention Training (CDFIT)
- To introduce the medical undergraduates to basics of Research Methodology
- To understand the process of learning of medical undergraduates during CDFIT

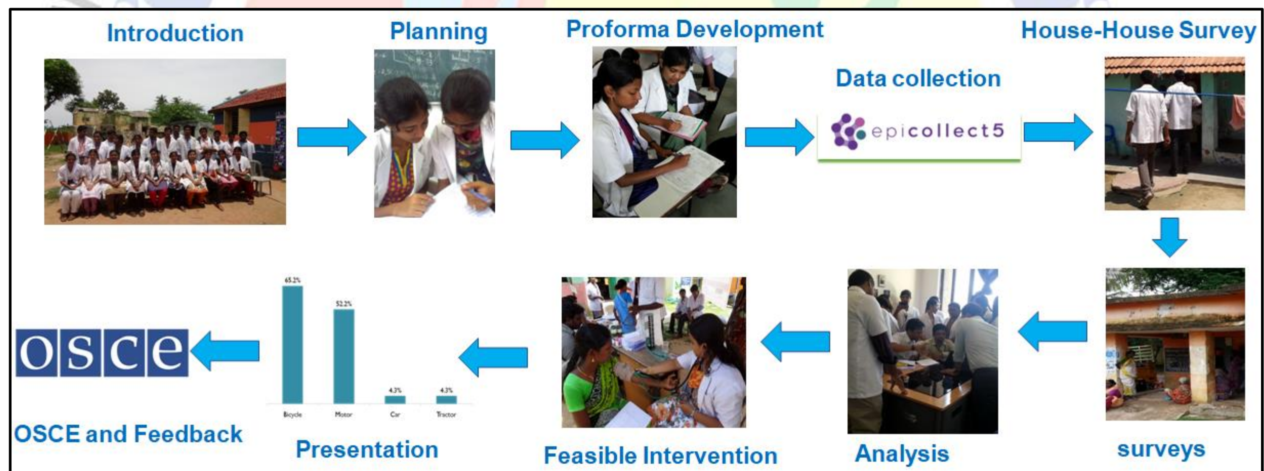
Methodology

The Department of Community Medicine MGMC&RI has been conducting the CDFIT posting for the second year medical undergraduates from January 2014. The postings are organized in nearby villages within 10 kilometers distance (30 minutes travel time) from MGMC&RI and with population less than 2500. The students are divided into batches of 30-35 each. Each batch is allotted a different village during community diagnosis postings which ran for four weeks. The students performed village transect walk, village health survey with a pre-designed questionnaire developed by the students. This is followed by analysis of the data and organization of a health camp. The postings are conducted with prior permission of the Dean of the institution, apart from written permission from the village Head and local police authority for any unforeseen incidents. All the logistics needed for the posting, including transportation are provided by the institution.

Figure 1: Gantt chart of community diagnosis posting by medical undergraduates

Days of village health survey	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Introduction and Planning	■	■																						
Performa Development			■	■	■																			
Introduction to data entry software						■																		
House-to-House survey							■	■	■	■	■													
Data entry and Analysis												■	■											
Presentation Preparation														■	■	■								
Rationalizing and Implementing Feasible Interventions																	■	■	■	■				
Presentation to the Faculty																					■	■		
OSCE and Feedback																							■	■

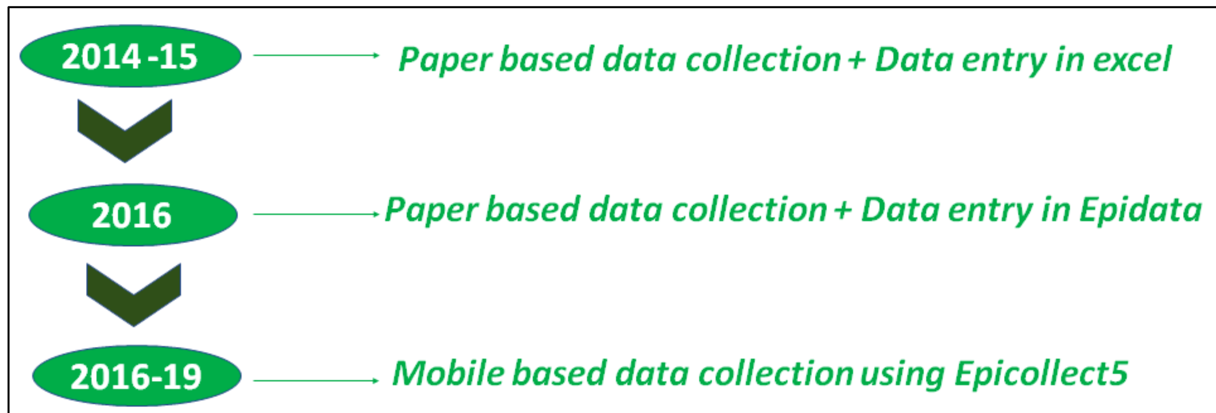
Figure 2: Flowchart of activities in CDFIT



Evolution

The department has successfully conducted CDFIT postings since its inception in 2014. Certain changes were made based on inputs from faculties, postgraduates who co-ordinated the program and also from the medical undergraduates to ease out the processes. Some major changes include change of data collection method from paper based to electronic format, involving the undergraduates in building the Proforma for the House-to-House surveys, etc. The electronic tool currently used for data collection is Epicollect5 which was developed at Imperial College, London.

Figure 3: Evolution of Data Collection in CDFIT



Reflections of the Posting

Students could appreciate the importance of demography in epidemiological research and felt the rural health needs. They also learnt the local language. Students learned about different research methodology through hands-on experience and were exposed to basic statistical analysis. Their attendance also increased in subsequent classes. The students understood importance of communication skills by maintaining good rapport with villagers. Their organizing skills, leadership qualities, team work and documentations skills improved drastically followed the postings.

Conclusion

It is possible to sensitize medical students to rural health through our community diagnosis postings and village health survey. Students learnt about various aspects related to the health needs of the rural community and also pertaining to the subject. Involving students to rural heath or community health is the need of the hour, which has been reiterated in various published literature.

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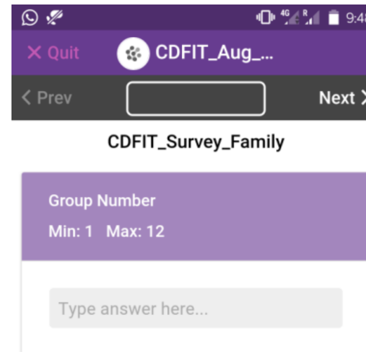

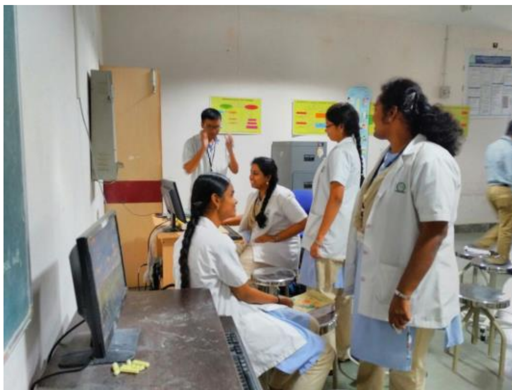

Students surveying the nearby villages

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