

The Association between Community-Based Medical Education (CBME) & Career Preference

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Abstract: Choosing a career path for graduate students could be a big challenging decision. It is often influenced by many other intervening factors such as, personality, type the available specialty path, social and the list goes on. It is natural for many freshly graduate medical students prefer to work in a medical facility with high technical setting to gain the needed experience. This preference seems to transcend cultural differences; it is noticed in different societies around the globe. Community based education (CBE) could offer a more community oriented path for educating students, motivate them, make them passionate about practicing in rural settings. This review highlights the results of studies done regarding Community based education (CBE) by different researchers with different ethnic and cultural backgrounds. Extensive internet search has been done on research and experiments regarding Career Preference and community based education. A positive association between the CBE and the choice of students to work in rural areas has been reported. The feedback from students engaged in this program was quite satisfying.

Keywords: Community based education (CBE), program, Career Preference

INTRODUCTION

The World Health Organization WHO defines the Community-Based Medical Education (CBME) as all learning activities that take place within the community, in a rural, suburban or urban setting (i.e. a setting other than that within a tertiary hospital), where students, faculty and community members are involved” [1].

Community-Based Medical Education (CBME) refers to the activities that use the community as a learning environment, where students, teachers, community members and representatives of the other part are actively participating throughout the educational experience in providing medical education that is relevant to community needs” [2].

Community Based Education could also be as enhancement of the gaining knowledge. This process is taking the community as its axis. The outcome of such interaction between the community and learners is making the health outcomes more beneficial in service to the population. CBE encourages active participation from citizens and breeds responsibility in learners, this aspect is a part of the mutual interaction between the community and the educational facility. At the end of the day, this method of providing education produces graduates who are engaged in the improvement in the quality of provided health care.

Many benefits can be drawn from the community-based education, it enables professionals

from the variety of specialities to be trained in a community setting, it aims to encourage the approach of a team spirit when it comes to solving societal issues, it also encourages the cooperation with the local communities with greater belief, and to implement problem-based research activities which, prioritize needs of the community [3].

To name just few achievements of student learning, they display a deep level of care, they thrive, and focus on their goals. The more the orientation on the community and the deeper the knowledge about its culture, history, the challenges it faces and of course its resources, the more relevance and meaning of establishing schools parallel to the academic infusion. CBE strategies promise increment in learning and a higher probability that youth will pass the knowledge and skills to new situations [3].

Dose the Community Based Education Influence the career preferences and choices of specialty of medical graduates’?

The purpose of this study review was to explore the association between student evaluations of their

community based clinical clerkship, their attitudes towards community health care and their career preferences.

The choice of a career in the medical field is a complex, personal decision, influenced by a multitude of factors.

In the recent years several medical school initiatives have been established to make medical education more oriented to medical practice in their countries rural environments. Their aim has been to produce more medical graduates able and willing to practice medicine in rural areas and eventually lead towards long-term solutions to chronic problems of recruitment and retention of doctors in regions with widely dispersed populations and faraway from the centers.

The graduated student of community-based education program is more oriented and may have more desire to work in the rural area and usually they are directed to work in specialty with direct link to solve the community problems.

Community-based education program students are Community-oriented; Problem-solver, lifelong learner, Humane, caring, discreet in dealing with patients, their relations and his/her own colleagues, Manager; and good Communicator [4].

Dornan *et al.* performed a study in Australia found that students in a full-year community-based clinical placement had more collegial relationship with faculty than their counterparts placed in tertiary hospital practice, expressed marked ownership of their education, had more direct personal involvement with patients and felt more autonomous and self-directed [5].

Previous studies proved that the quality of clinical training program in community- based settings is a significant factors those influencing and increasing student preferences for practicing primary care [6-11].

A few studies investigating an association between student feedback on their community-based education and their preference for a career as a primary care physician have been undertaken. The findings of these studies were inconsistent and the association between the two factors has remained ambiguous [12, 13].

In Japan Okayama *et al.* performed a study aimed to explore the association between student evaluation of their community based clinical performance, the displayed attitude regarding community health care and their career choices, their findings revealed that community-based education directs the preference of student to become for a primary care physician in the future. Another factor

which promotes the choice of such line is the high instructional quality of the programs provided [14].

Okayama *et al.* in another study performed from 2003 to 2009, aimed to clarify what learning activities affect students' attitudes toward community health care, the study concluded that Community-based education motivates students to practice community health care. In addition, their motivation is increased by the health education activity. Participating in this activity probably produces a positive effect and improves the instructional quality of the program based on its outcomes [15].

In Ghana Amalba *et al.* performed a study aimed to investigate the effect of Community Based Education and Service (COBES) on medical graduates' choice of specialty and willingness to work in a rural area, they concluded that most graduates from the towns and cities in Ghana, with a male predominance, indicated that COBES may have influenced their choice of specialty and willingness to practice in the rural areas despite their town or city based upbringing. Students' being able to adapt to rural lifestyle through CBE may also be important in influencing students' choice of career specialty and practice location [16]. Most of the students however, felt that CBE could influence them to practice in rural locations. Health facility staff, faculty and community members applauded the CBE programme and generally indicated that the CBE programme could encourage graduates to choose rural places to work if a holistic supportive learning environment was provided for the students [16].

Several other studies investigating student feedback toward the community base education have been done [17-21].

Most of the students were satisfied with community-based education [17, 18]. The community-based experience encouraged a career in general practice [19] and was positively associated with the selection of generalist residencies [20].

The community-based rural health course positively influenced many medical students to report an intention to practice in rural areas. These findings were based on the students' evaluation of the program, but in this study the students were not asked about the learning process. Thus, the findings in the previous studies were not useful for improving the quality of the program [21].

A shortage in specified specialties such like anesthesiology, radiology and pathology has been noted. Some other deficits in rural areas, these include primary healthcare and preventive medicine. Another challenge is the failure to some extent of medical schools to recruit medical graduates in the field of basic medical sciences.

The innovative approach of medical schools is to renew their curriculum to breed doctor, who are aware of the country's health staff and who can meet the pressing health issues

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