

## **Initiatives**

### **Initiatives in Post-graduate training programme: experiences and lessons learnt, at PSMC, Karamsad**

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There would hardly be a disagreement if I state that a post-graduate training programme is a crux of any speciality including the field of community medicine. New practitioners are trained and contributed to the future of discipline. So it becomes imperative to organize the post-graduate training programme in such manner that it not only imparts necessary knowledge and skills, it also produces graduates who could sustain and enhance the recognition which discipline has gained so far. So the onus is on the present to shape the future.

In the present description, I would provide an overview of an innovative teaching and assessment method for post-graduate students being practiced at my department following a brief mention of common elements of post-graduate programme.

#### **Resemblance in difference:**

Considering the broad purview of community medicine, it is an arduous task to draw a line around it. Efforts have been made at various levels to define such a boundary, one being recent guidelines for post-graduation in community medicine developed by Medical Council of India. Besides, different institutions have shaped their post-graduate curricula based on their perceived priorities, expected competence and available expertise and opportunities. As a result, inter-department variations are bound to result. However, this diversity is a blessing in disguise as there are always new things to share and to be learnt.

Despite of all the differences, if we look closely to each of these programmes they mainly train students in three major components:

**A) Academic activities** in the form of interactive sessions – seminar, journal club, recent public health advances, clinico-social case study and pedagogy – and involvement in under-graduate teaching

**B) Field-based activities** which include mandatory postings at rural and urban health training centres, week long village stay, outbreak investigation, field visit and postings at institutes of public health importance

**C) Research activities**, both thesis and non-thesis, quantitative and qualitative

#### **Issues related to concurrent evaluation of post-graduate academic activities:**

Academic activities form a major portion of our post-graduate teaching curriculum. Enhancement of academic competence is of utmost important to community medicine graduates whichever field they pursue, academic or non-academic. Compiling information, presenting it in a systematic manner, critically analysing it and, ultimately, getting the message across is an art that need to be learnt.

A post-graduate driven academic session is not an unusual scenario for any department. Such sessions are attended by entire department and usually involve interaction and feedbacks from faculty members. Sessions like clinico-social case study and pedagogy are also part of post-graduate university examination.

However, there are some inherent difficulties when it comes to evaluation. Though any suggestions or feedbacks given at the end of session are invariably for its betterment, there is usual lack of structured formative assessment. In this scenario, there is no uniformity in evaluation, either across sessions or across evaluators. Further, feedbacks, when given orally, are hard to compile and review. This often leaves a student with more questions than answers.

#### **Initiative : Structured evaluation tools and our experience so far:**

To overcome practical problem of evaluation of teaching sessions, our department has developed and endorsed

structured assessment tools to evaluate each form of academic activity. Five major forms of academic activities are evaluated: seminar, pedagogy session, critical appraisal of journal article, presentations on recent public health advances and clinico-social case study. Each of the faculty members are required to rate the session on certain pre-defined parameters specific for that particular type of activity. For each parameter, the score ranges from 1 to 10 divided under 4 categories ranging from poor to excellent. There is also room for additional comments in each tool. Scores are aggregated at the end of session and filled evaluation forms are filed for future review.

As far as clinico-social case study is concerned, as stated earlier, we already have assessment tool in place. Besides, we have also initiated a practice of conducting our clinico-social case studies in field settings. This not only creates a virtual examination scenario for a student, it makes comprehensive assessment possible for evaluators too.

Now elaborating more about parameters of assessment, a student is assessed on various dimensions. Contextual relevance of selected topic, comprehensiveness of preparation, clarity of presentation, ability to link present knowledge with past one, ability to engage audience, responding to questions and defending own perspective, appropriate use of audio-visual aids and, importantly, time management of session are major parameters taken under consideration. While assessing clinico-social case studies, emphasis is also given on skills related to medical interview, physical examination and counselling.

In our relatively short experience with assessment tools, we have already observed some positives. Having a structured tool in hand certainly makes the task of an evaluator easier one. It guides an assessor in having a systematic look at the presentation to identify deficiencies and recommend appropriate ramifications. Post-graduate students can also prepare their work in such a way that it responds to evaluation parameters. Future review is also possible for both students and faculty members during process of institutional appraisal.

#### **Initiative to orient to Rural environment: Village stay program:**

Postgraduate residents are exposed to village life twice in their tenure. Village-visit

(3 half days, 3 groups in 3 different villages) and village-stay (one week, 4 groups in 4 different villages) programmes are unique features of our field-based activities. Carried out once and twice a year respectively, programmes are intended to develop strong sense of community in students and provide them with practical experience of village administration and health system.

In first of exposure they not only stay along with villagers and faculties in villages but also practically study the health care facilities available, socio-environmental issues & health, village administration and govt. support to the poor, practice health education and providing health services in the backward and forward part of the village. In second such village stay, resident study plans, management, supervision and monitoring aspect of important national programs and other functions of a primary health centre and their implementation in service providing areas.

#### **Institutional initiative for Six monthly appraisal and assessment of PG student**

There is a postgraduate cell functioning in the institution which asks every department to fill up appraisal form six monthly for every enrolled resident to get the performance report and conduct year end written and oral examination in the pattern of university examinations to prepare them for finals.

#### **Concluding remarks:**

PSM is a multidisciplinary subject, and it is non-conventional compare to other disciplines of the Medical science. Three initiatives taken at the Pramukh Swami Medical College, Karmasad, Gujarat in Post Graduate studies may not be the complete solution to increase the quality of the study but it has definitely increased the effectiveness of the learning. We feel that many more initiatives needs to be incorporated to achieve the goal and objectives for competences development of PG students in PSM discipline.

#### **Disclaimer**

In present description, I have tried to provide an outline of what is being practiced at our institute as far as post-graduate teaching and assessment is concerned. This, by no mean, is comprehensive. Further, I do not want to claim

the exclusiveness of our practice. I also do not have the slightest of intention to belittle the structure of assessment in place at other departments. Rather aim is to share information on what is being practice at our department. I also opine that it is never too late

for inter-departments information sharing on their respective curricula to start. Such an exchange of knowledge would invariably strengthen the existing post-graduate training programmes and ultimately secure the future of the field of community medicine.

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