

CHAPTER 4

DISCUSSION

The Community Self Study Model Development Project for the First Year Medical Students of the Collaborative Project to Increase Production of Rural Doctors is a starting point for medical students to learn about people before learning about medicines. It is strongly believed that the community study model of the first year medical student is useful and suitable for basic knowledge of students as well as development of learning process by combining this knowledge with the knowledge gaining in the medical school in subsequent pre-clinical and clinical level. The early community exposure will improve potential of doctor graduates in the future, therefore should be integrated into medical curriculum in the future.

This project of community self study by using a self-study manual as a guideline for community fieldwork illustrates several positive outcomes. The students were satisfied with the learning model and were able to adapt themselves well to the community lifestyle. They were willing to participate in community activities. More importantly they were observed to have positive attitudes towards rural people and community. It was recommended that the two-week implementation period was too short and that poorer host family should be selected in the future. Although this project

has been completed, there is still a bond between some students and the villagers and it has been observed that they occasionally go back to visit their host family.

The villagers from both villages were pleased and satisfied that the medical students went to learn their community life. They co-operated well with answering the questions and treated the students well during the two-week period. The preceptor as well as medical staffs at the local health center also provided strong assistance in organising host family for the students. They obtained useful survey data from the students such as health resources of people and geographical map of every household in the village.

Although the student attitude towards rural community, its people and life style did not change after two-week implementation period, the overall attitudes of the students are at very good and satisfactory level. According to the result of public health system in section 3.6.3.5, students could perceive that there are great numbers of health problems existing in the rural community and requiring urgent help. The students could realize that they could help the community by working for the people in rural area. Other information such as on economic, politic and social conditions will help the students to prepare themselves prior to working in the community after graduation.

According to our finding as illustrated in Table 15 and Table 16 the attitudes toward rural community of the medical students joined the project was said to become more positive. It is possible that community experience help the students to realize some positive aspects of working in community as a doctor. For example, rural patients

generally more appreciate of efforts from doctors than urban patients. Rural doctors often get more respect from the patients. Rural doctors have closeness to their patients that could illustrate the needs of these patients and their families. Rural value as well as warm and family relationship within the community could motivate the students to choose to work in the communities after graduation.

However, this change in attitudes of the students cannot guarantee the sustainable future career in the rural community, as there are many other factors influence their decision to practice. For example, their spouse might have a career in the urban area and might not be willing to move to a rural area where career option is limited. In additions, doctor in the remote community often has to work hard and on the weekend and holidays as there is no other doctor to share responsibility. Other difficulties include less accessibility to new technology, no amenities and large numbers of patients. Moreover, educational facilities are limited for their children and for their postgraduate study. All these social factors have great influence on career sustainability of rural doctors.

There are some limitations to this project. Firstly, the result is directly interpreted from the questionnaire answered by the students in overall manner, which could lead to bias in these results. In fact other independent variables such as gender and background of medical students may also affect the results and need to be looked at. For example, female students may find it more difficult to work and live in rural remote area than male students do. Improvement in attitudes towards rural community may be different between students who already have rural background and those who

grow up in relatively urban area. Therefore, background of students should also be looked at when interpreting the results.

Moreover, definition of rural community is also another factor to be looked at in future work. Rural community should be defined according to, for example, the size of the community, availability of amenities, number of population, remoteness from the city center etc. Difference in host family conditions and their treat may also affect the student attitude and experience. However, it may be said that there is improvement and perception of the medical students about community people and lifestyle, however, it is at this point still difficult to justify or measure the absolute magnitudes of attitude change.