

CHAPTER 3

PROJECT EVALUATION

3.1 Introduction

The project implementation for evaluation was conducted at Sawang Arrom District for two weeks. This chapter details the objectives of the project evaluation, the evaluation questions and design, data collection, data analysis and outcome of the evaluation.

3.2 Objectives

3.2.1 General objectives

This project emphasized on product or output evaluation. The evaluation is by using questionnaires to measure pre-test and post-test attitudes. This is to see how the attitudes of the target group change. Two main purposes are (1) to evaluate the satisfaction of the first year medical students with the “COMMUNITY STUDY MODEL” before and after participation with the study with using the guideline self-study manual and (2) to evaluate changes in attitudes of the first year medical students towards rural community life style and working in rural area.

3.2.2 Specific objectives

After the project implementation period, it was expected that

- 1) The students have knowledge on social condition, social structure, family characteristics, groups of careers and various organizations that can influence the community, culture, traditional practice and the way of life of the villagers.
- 2) The students are able to communicate and develop a friendly relationship with others in the community.
- 3) The students can work with others efficiently and happily.
- 4) The students can be leaders in various activities.
- 5) The students know the structure and the role of the state organizations responsible for the community health service e.g. community hospitals, health centers and The Community Elementary Public Health Service Centers which are the collaboration between the government and the community.

3.3 Evaluation Questions

There are two general questions for evaluation of this project. These are:

1. Are the medical students satisfied with the community self study manual and the project? At what level?
2. Do the medical students develop positive attitudes toward rural community and working in rural community? At what level?

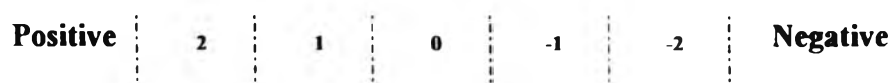
3.4 Evaluation Design

Both qualitative and quantitative methods were applied in the evaluation of the project. Qualitatively, the variables illustrated the students' satisfaction with the "COMMUNITY STUDY MODEL" and the change in attitude of the students towards rural community and working in rural community were evaluated. Another critical point is the participants' opinion during study in the community and their comment to improve the manual and the project, which was also evaluated for future development of this project. Quantitative method by statistical analysis was used to evaluate the degree of satisfaction with the manual and project and the level of attitude change after participation.

3.5 Data Collection

3.5.1 Questionnaires and scoring system

Two types of questionnaires were compiled in order to evaluate the students according to the study objectives above. First issue of questionnaires contains four main sections, which are general background information. The second is attitudes towards Thai rural community. The questionnaire use Semantic Differential Scale or Osgood, it is 5 scales, the rating scale will give zero score in the middle scale, the next score from zero to the positive part is +1, +2 and the next score from zero to the negative part is -1, -2 score, as the rating scale example as below:



The third part is satisfaction with the community study manual and finally attitudes towards working in rural area. Both of the questionnaires use Summated Ratings or Likert Scale, these are 5 scales. The rating score up to the content if the content is positive content the highest score will be 5 to 1 score. In case the content is the negative statement, the rating scale will opposite as the rating scale example as below:

Positive statement	Content	Score
	highest	5
	high	4
	moderate	3
	low	2
	lowest	1

Negative statement	Content	Score
	highest	1
	high	2
	moderate	3
	low	4
	lowest	5

The detail example of this questionnaire is shown in Appendix II. The second issue of questionnaires requests for the opinions of the students on their motives to participate in this particular project, their preparation for this community study, opinion on the community study manual and its content and their follow-up study on this project. The detail questionnaire is shown in Appendix III.

3.5.2 Data collection method

Data were collected both by direct and indirect methods. Direct data collection method was achieved by using the questionnaires mentioned above. The pre-test questionnaires were distributed to students to complete during the community orientation meeting on May 1, 2000. In this meeting the students were also guided about their responsibilities and the tasks required to be completed. The post-test questionnaires were completed by the students after the closing ceremony (post) meeting on the final day at the community. Indirect data collection method was by observation and listening to problems and suggestions about the implementation at the community from the students during four-review meetings. Medical preceptors conducted two monitoring reviews during the implementation period in the community. OPIRD staffs who act as the preceptor during the implementation period in the community conducted the other two reviews.

3.6 Data Analysis and Results

3.6.1 General data of the medical students

Among the 24 first year students, The 16 female students (66.7%) and 8 male students (33.3%) participated in this study. The 54.2 % of population (n=13) were born in and grow up in relatively urban areas, while the rest, which is 45.8 %, were born in rural/remote area and have spent most time of their life in the rural community. Among these students only 33.3% (n=8) finished their high school study in local district area.

The majority 62.5 % graduated from high school in urban area. Detail data is presented in Table 6, Figures 4-8.

Table 6. General data of the medical students participated in the study.

Data	Number	%
Gender		
Male	8	33.3
Female	16	66.7
Place of Birth		
Urban / municipal areas	13	54.2
Rural village	11	45.8
Place of Longest Stay		
Urban / municipal areas	13	54.2
Rural village	11	45.8

Data	Number	%
Place of Secondary school graduation		
Bangkok and boundaries	1	4.2
Urban city	13	54.1
District area	9	37.5
District non-formal education center	1	4.2
High school Graduation		
Bangkok and boundaries	1	4.2
Urban city	15	62.5
District area	8	33.3

Figure 4: Gender

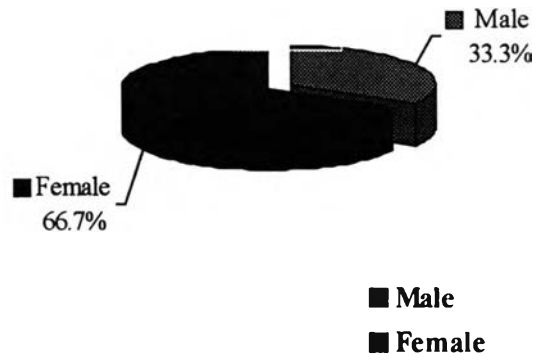


Figure 5: Place of Birth

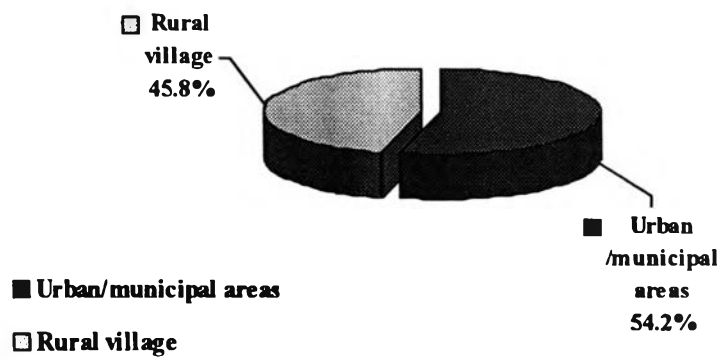


Figure:6 Place of Longest Stay

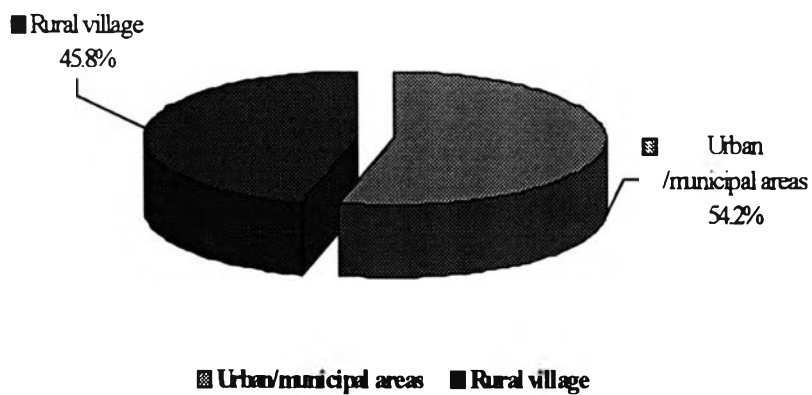
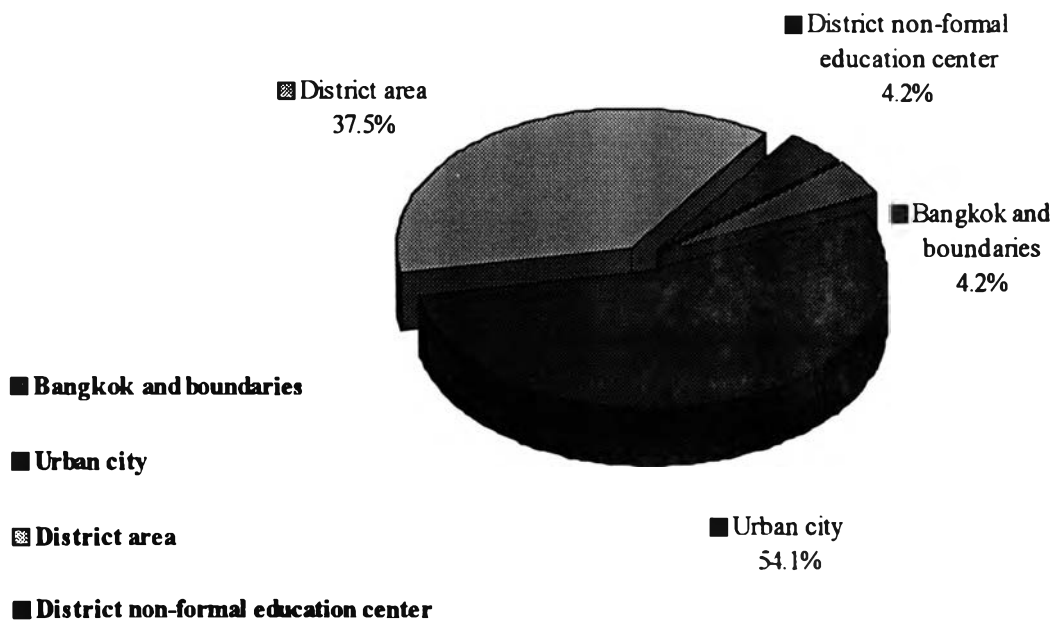
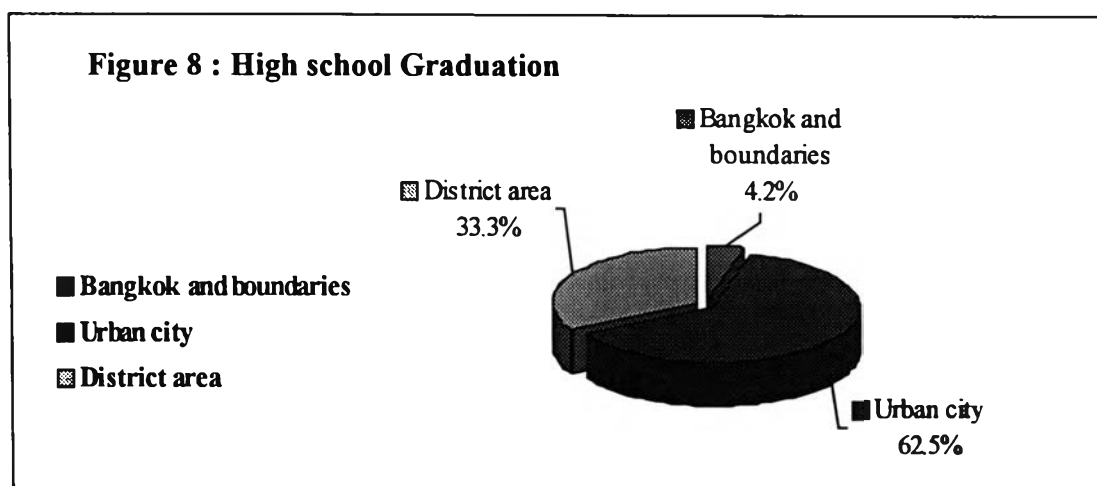


Figure 7: Place of Secondary school graduation



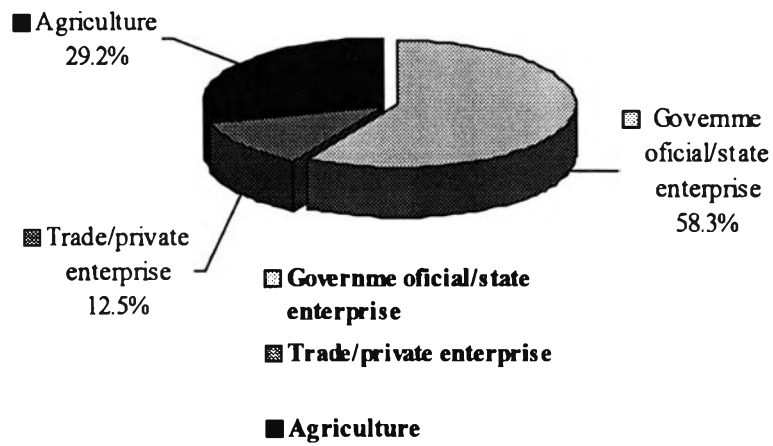


It was found that the main occupation of the participants' parents was government official / state enterprise (more than 50 %), while 29.2 % of parent population work in agricultural area as shown in Table 7, Figure 9-10. Unsurprisingly, there was a strong relationship between the occupation of the parents and the place of birth and school of the medical students. That is, all 29.2 % of students who have parents work in agricultural area were raised and completed high school in rural area, whereas the students whose parents work as government official and state enterprise, including trade and private enterprise, were raised and educated in urban area.

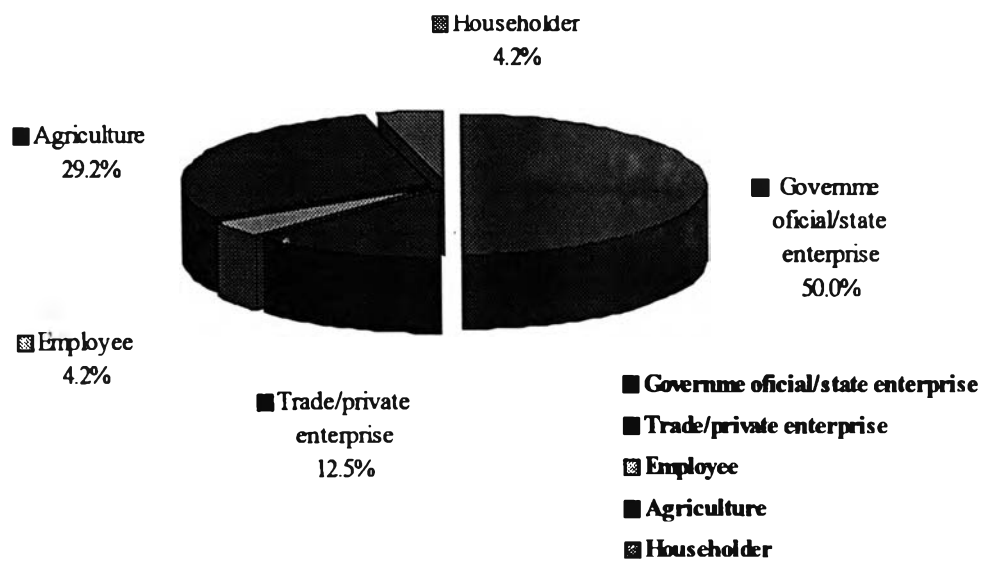
Table 7. Occupations of participants' parents.

Main occupation	number (n=24)	%
Father		
Government official / state enterprise	14	58.3
Trade / private enterprise	3	12.5
Agriculture	7	29.2
Mother		
Government official / state enterprise	12	50.0
Trade / private enterprise	3	12.5
Employee	1	4.2
Agriculture	7	29.2
Householder	1	4.2

Figuer 9. Occupations of participants' parents : Father



Figuer 10. Occupations of participants' parents : Mother

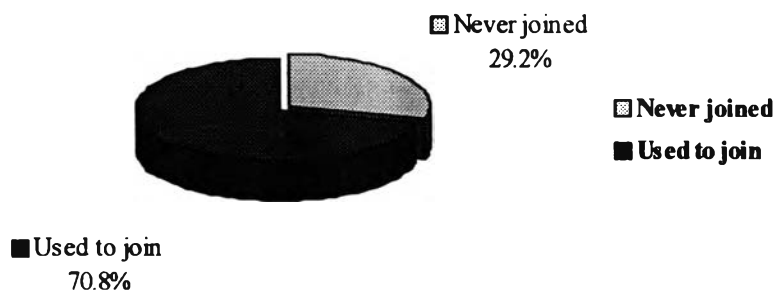


It is revealed that the majority of the participants (70.8 %) used to be a committee or a member of a club or an association, for example, Health for Society club, Buddhist club, Science for Health club and Academic club in **Table 8, Figure 11**.

Table 8. Committees, clubs or associations attended by the participants.

Club/Society	Number (n = 24)	%
Never joined	7	29.2
Used to join	17	70.8
Health for Society club	11	
Buddhist club	4	
Buddhist – Agricultural club	1	
Academic club	2	
Science for Health club	2	
Tennis club	1	
North – eastern club	2	
Northern club	1	
Member of student council	1	
Student committee	1	

Figure 11. Committees, clubs or associations attended by the participants.

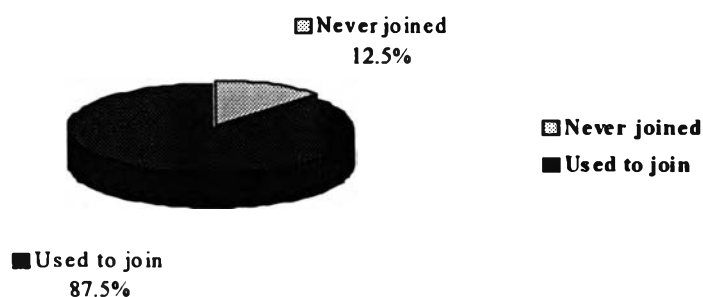


The majority (87.5 %) of the population used to join the activities organised by the CPIRD. These include freshly camp, Activity club, Training activity etc. **Table 9, Figure 12**

Table 9. The activities organised by the faculties or the universities or CPIRD. attended by the participants.

Activities	Number (n = 24)	%
Never joined	3	12.5
Used to join	21	87.5
That is (may be more than 1 answer)		
Freshy camp	8	
Activity Club	4	
Training activity	4	
University sport	3	
Paying respect to teachers Ceremony	2	
Making merit and virtue to the body donators	1	

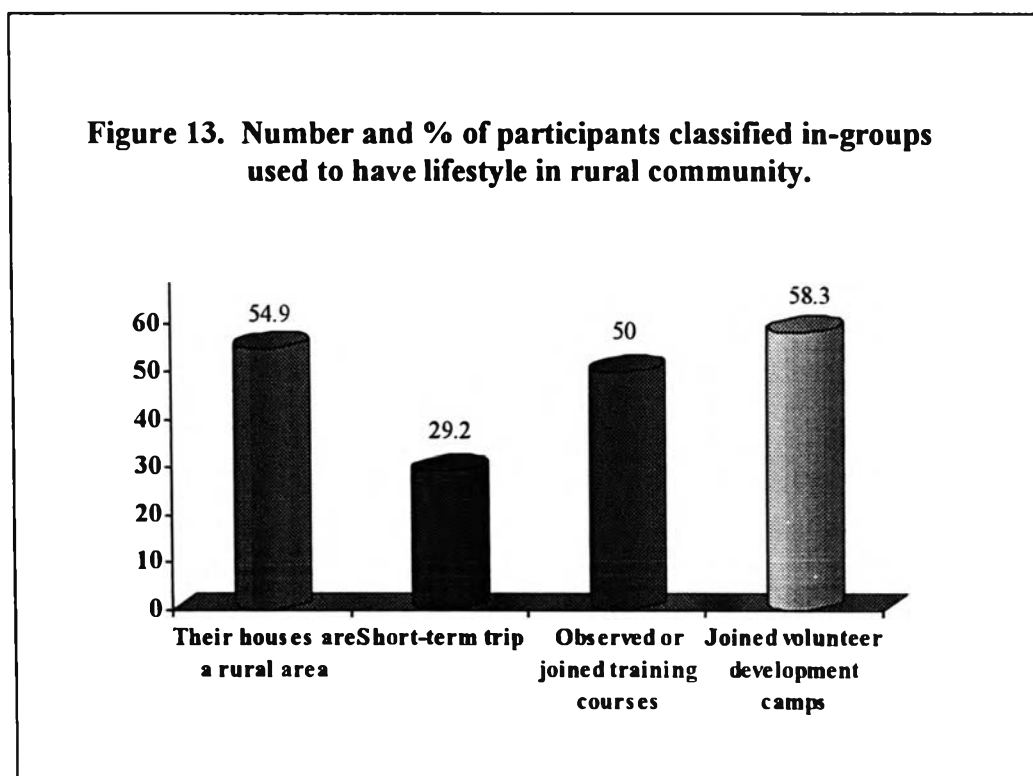
Figure 12. The activities organised by the faculties or the universities or CPIRD. attended by the participants.



The % ratio of the participants used to experience lifestyle in rural communities by joining the volunteer development camp, having their houses in a country and observing or joining training courses, are 58.3, 54.2 and 50.0 % respectively as shown in Table 10, Figure 13

Table 10. Number and % of participants classified in-groups used to have lifestyle in rural community. (More than one answer can be selected)

Data	Number (n = 24)	%
Their houses are a rural area	13	54.2
Short-term trip	7	29.2
Observed or joined training courses	12	50.0
Joined volunteer development camps	14	58.3



3.6.2 Satisfaction with the Community Self Study Manual

Table 11. Participants satisfaction level on The Community Self Study Model Development by using manual as a guideline in fieldwork.

Level of satisfaction	Number (n=24)	%
Before the participation		
High level	4	16.7
Moderate level	18	75.0
Low level	2	8.3
After the participation		
High level	9	37.5
Moderate level	14	58.3
Low level	1	4.2

Prior to participating in the project, the majority (75 %) of the population was moderately satisfied with The Community Self Study Model Development, while 16.7 % were highly satisfied. However, after participation the number of students who were highly satisfied with the system increase by 20.8 % (see Table 11, Figure 14,15,16).

Figure 14. Before the participation

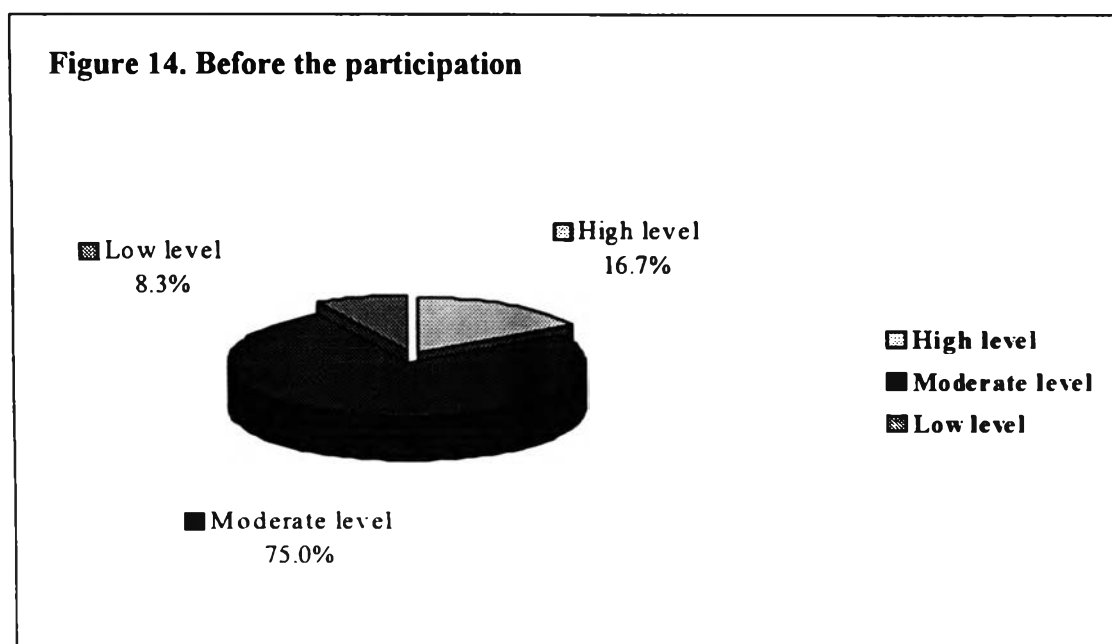


Figure 15. After the participation

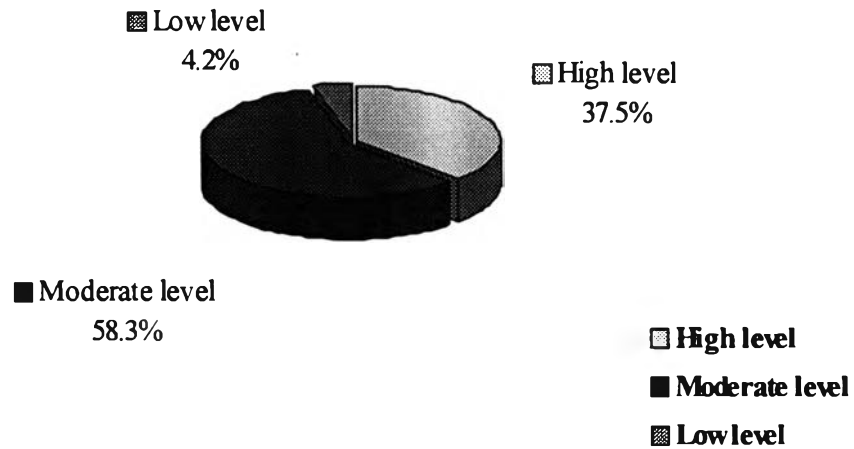
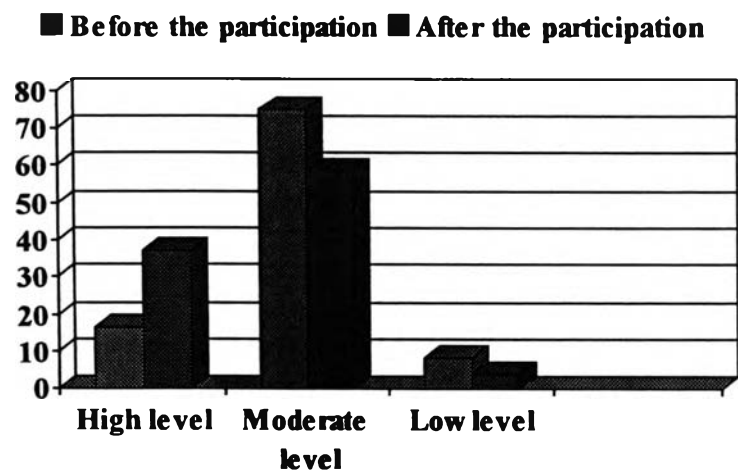


Figure 16. Comparative of satisfaction level



According to Table 12, before joining the project, the mean of the student satisfaction with the project was 50.13, with a standard deviation of 5.34. After joining the Project, the mean of satisfaction with The Community Self-Study Model Development increases to 52.46 and the standard deviation was 4.14. From the statistic

analysis, after joining the project, the mean of satisfaction in the pattern of The Community Self Study Model Development statistically increases significantly with p-value 0.017.

Table 12. Comparative analysis on satisfaction of Community-Self Study Model Development's pattern of the first year medical students before and after joining the project

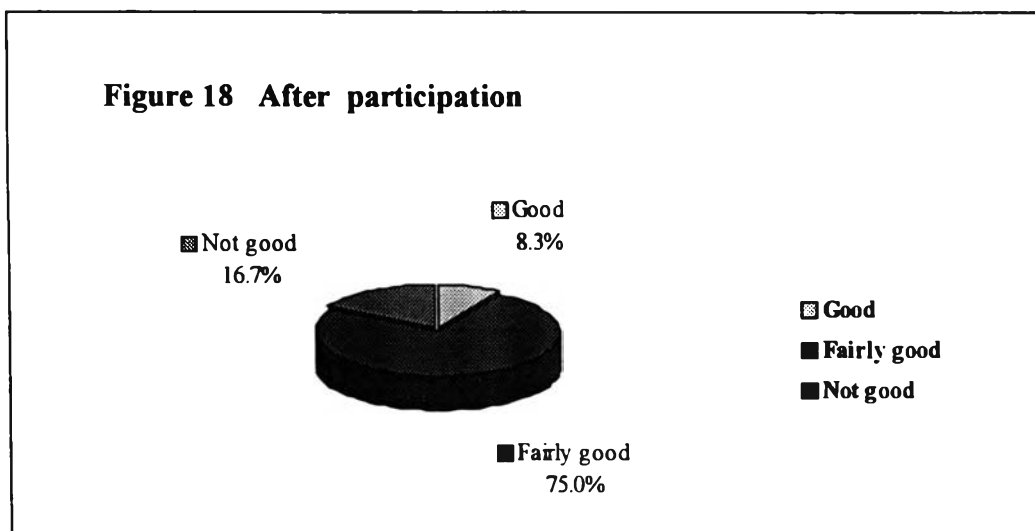
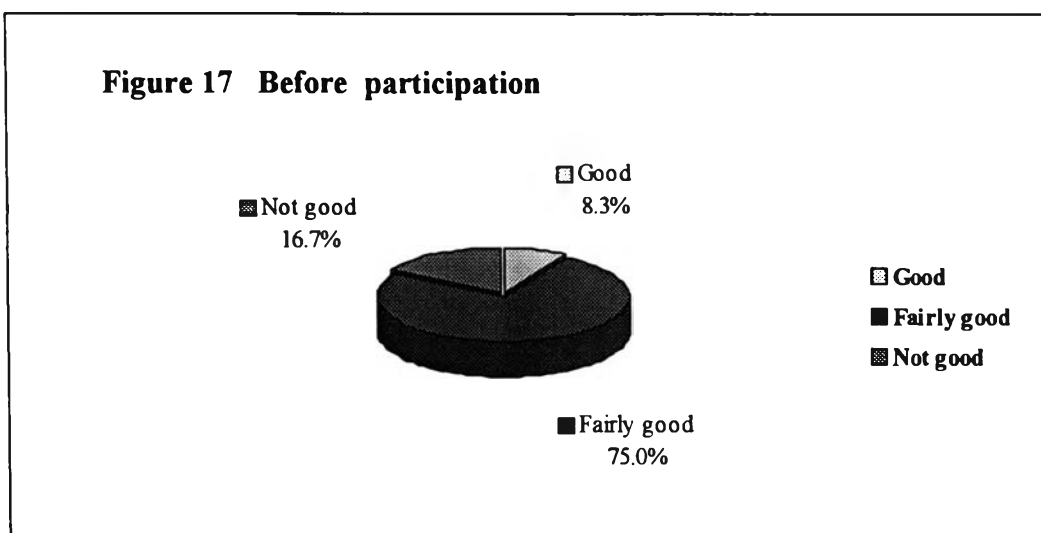
Variable	n	X	S.D.	t-value	df	p-value
Satisfaction with the model						
Before the participation	24	50.13	5.34	2.563	23	0.017
After the participation	24	52.46	4.14			

3.6.3 Attitudes towards rural community

Table 13. Medical students' attitude towards Thai rural community before and after joining the project.

Level of Attitude	Number (n=24)	%
Before participation		
Good	2	8.3
Fairly good	18	75.0
Not good	4	16.7
After participation		
Good	2	8.3
Fairly good	18	75.0
Not good	4	16.7

It was found that before participating in the project, the majority attitude (75.0 %) of the population was at fairly good level and the runner-up 16.7% was at not good level. The general statistic of the population’s attitude towards Thai rural society after participating in the project was the same as before participation in the project (Table 13, Figure 17,18,19).



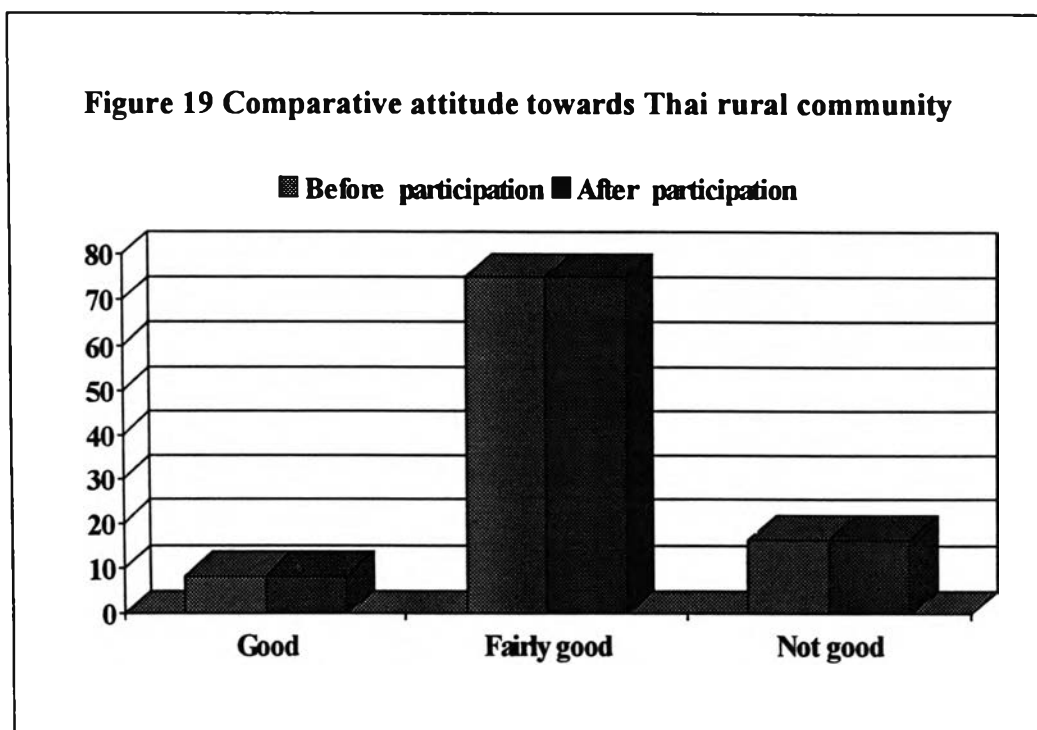


Table 14 shows that before joining the project, the score participants' attitude towards Thai rural society was 62.83 % with the standard deviation of 6.39. After joining the Project, the score participants' attitude towards Thai rural society was 62.79 % with the standard deviation of 5.39. The mean scores of medical students before and after joining the project was not significantly different.

Table 14. Medical students' attitude towards Thai rural society before and after joining the project.

Variable	n	X	S.D.	t-value	df	p-value
Attitude towards Thai rural Society						
Before the participation	24	62.83	6.39	0.031	23	0.975
After the participation	24	62.79	5.39			

3.6.3.1 Attitudes towards rural people

Before joining the fieldwork, the students expressed positive views of rural people as having good temper, helpful, kind, smiling face and sincere. Rural people have moral habits and respect seniors, are diligent and united, love relatives and friends, having simple lifestyle, no manners, non-materialistic and well disciplined. Negative aspects of rural people were having low level of education, bashful and difficulty in adopting new trends.

Positive aspects expressed by the students after joining the training project included

- Good temper, helpful, kind, smiling face, sincere and friendly.
- Strict to moral.
- Diligent, patient and not mindful of heavy or light works.
- Have temporary spirit of leadership stimulated by some situations.
- Be united, love relatives and friends and love domicile.
- Have simple lifestyle, not luxurious, feel satisfied in their way of life.
- Not moneygrubbers, non-materialistic and good-hearted.
- Frank.
- Pay respect to the elderly and the community's leaders.

However, they found that there was lack of academic stimulation within rural community.

3.6.3.2 Attitudes towards rural culture and society

Positive aspects expressed by the students before attending the project, regarding the picture of rural community and culture included:

- They join up. They know everyone in the community.
- There is relative attachment.
- There is unity.
- Social relation takes more important role than working relation.
- They have warm enlarged families.
- They help each other so it makes development easier.
- There is the spirit of seniority.
- There is local culture.
- They act according to local traditional practice and culture.
- They have their own unique culture which are strictly conserved e.g. costumes, occupations and common practices.
- Temples are centers of the villagers. Their lifestyles are strongly related to Buddhism
- The environment is good.

Some negative pictures about rural community included the belief in magic, ghost and spirit. The old people stay home while the youths go to work out of the community and return home only on the important traditional holidays.

After the fieldwork, the students described the rural society as warm, helpful, united society. They have relative attachment and always help each other. The families

are enlarged. The relation in the families is at very good level. There is also spirit of seniority and unique local culture. The people strictly behave according to traditional practice and community calendar, which contained cultural activities inherited from their forefathers. Temples are the centers of the villagers. Their way of life relates to Buddhist. Their houses are close to one another and they live in groups. There are no social problems such as drug and crimes. Negative aspects experienced by the students included the belief in omen and magic. Urban society begins to affect rural society but it is not much. It depends on material development of such society.

3.6.3.3 Economy

Before joining the project, positive pictures about rural economy included sufficient community economy. Farming is for self-consumption rather than for selling. Exchange of goods or selling is within the community. Negative aspects included: they leave their villages to work in big cities because the income from agriculture is not stable. Agriculture without the use of high technology results in low quality products, leading to low selling price. Urban people often take advantages of rural people in trading. The social welfare from the government is inadequate. The majority of them are poor and having moderate income. Only the minority is rich.

After joining the project, they found several positive aspect of rural community economy including:

- They earn enough to survive. They are economical, not luxurious but sufficient.
- They have agricultural occupation.

- They could obtain basic objects such as television and refrigerator.
- They join up to pursue their supplementary works to increase their income, for example, women joined together to weave Thai silk clothes and mats.
- They can get fresh food from natural sources.

Other negative aspects still existed within rural community that are:

- The youths must be away from home to look for jobs. They lack of educational opportunity.
- The prices of the agricultural products are low.
- There are climatic obstacles that force them to look for a new land to live and work on for living.
- Lack of modern knowledge and techniques to increase their agricultural productivity.

3.6.3.4 Politics

Positive aspects expressed by the students about politics in rural community before joining the project were:

- There is rural administration. They respect and are committed to collaborate with community leaders.
- They are considerably enthusiastic over politics.
- The democratic approach is used in community meeting. They pursue the groups' resolutions.
- The community politics is well organised and stabilised.

- They assemble to perform political motivation on immediate problems, which need to be solved by the government such as the goods' price.

Negative aspects described by the students before attending the fieldwork were corruption and vote buying during political election. They respect the rich ones who always take advantage of them. They do not appreciate politics because they do not believe in the political system. There is a lack of political information. They pay more attention to their living conditions and problem rather than political problems. They often vote for a powerful person.

After joining the project, positive aspect about rural politics experienced by the students included:

- There are community rules. They respect, pay attention to and collaborate well with the community leaders.
- They are quite enthusiastic in politics. They get political news from television.
- Monks are social leaders.
- They join up and share responsibility in work.
- The leaders' houses are considered to be the center of the community
- The majority of the leaders work efficiently and they influence over the collaboration and the unity of the community members.

Negative points are:

- They are tired of politics because of corruptions.
- There is vote buying
- They are not quite enthusiastic in politics. They are more interested in local politics.
- They are interested only in calling for their basic needs rather than debating on political issues.

3.6.3.5 Public Health

Before joining the project, positive aspects about public health in rural community were described as following:

- They go to a health center as their first health source.
- They are generally healthier than those who live in big city.
- They adapt local knowledge to health care.

Negative aspects included:

- Lack of health services, facility and personnel such health center, medical and public health staff.
- Lack of medicine and medical equipment at local district health centers.
- It is not convenient as health centers are very far from home.
- Although sickness is curable, sometimes they died because of communication obstacle.

- They rarely pay attention to health care. They do not take care of themselves.
- They lack of essential health knowledge.
- They visit traditional doctors (spiritual attachment) and apply modern medicines at the same time.
- They lack of understanding and do not accept modern medical services.
- Their behaviors and lifestyles are not hygienic.
- They do hard work and often neglect their health.

After joining the project, the students learned that rural people do visit a health center as their first health resource. They go to provincial hospital or clinic if the sickness is serious. They pay attention to health care and adopt family planning and contraception. They trust and confide in physicians and obey physicians' advice. Moreover, they pay little attention to magic. They believe in medical service and public health.

Some negative aspects were some people believe in witch – doctor. Public health campaign and knowledge does not cover all areas. People have little basic knowledge in hygiene and health care. The medical service is inadequate. They lack of health center, medical and public health staff. Basic public health is not as good as it should be, especially water supplier is not hygienic. In addition, they have malnutrition.

3.6.4 Attitudes towards working in rural area

Table 15. Level of Medical students' attitude towards rural fieldwork

Level of Attitude	Number (n = 24)	%
Before participation		
Good	4	16.7
Fairly good	14	58.3
Not good	6	25.0
After participation		
Good	6	25.0
Fairly good	16	66.7
Not good	2	8.3

Table 15 Figure 20- 22 revealed that before participating in the project the majority (58.3 %) of the population's attitude towards rural fieldwork is at fairly good level. However, a significant 25.0 % of this population was found to have not very good attitudes towards working in rural area. This figure decreased to 8.3 % after participating in the project, while the population's attitude towards working in rural area increases significantly to a better level.

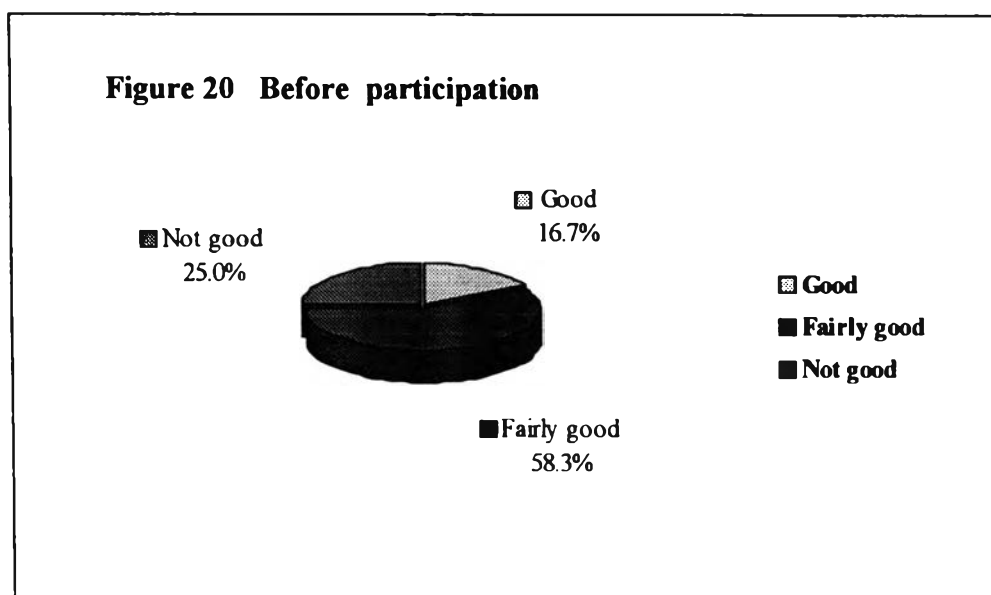


Figure 21 After participation

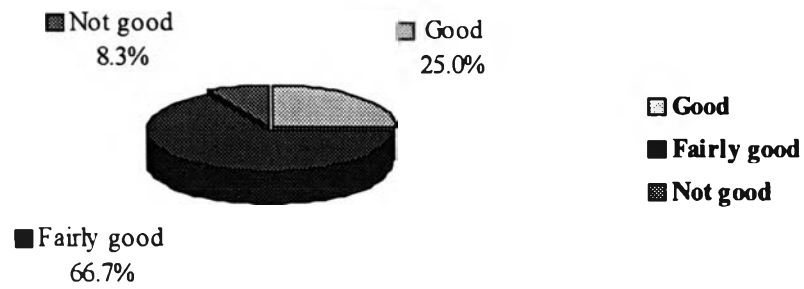


Figure 22 Comparative attitude towards rural fieldwork

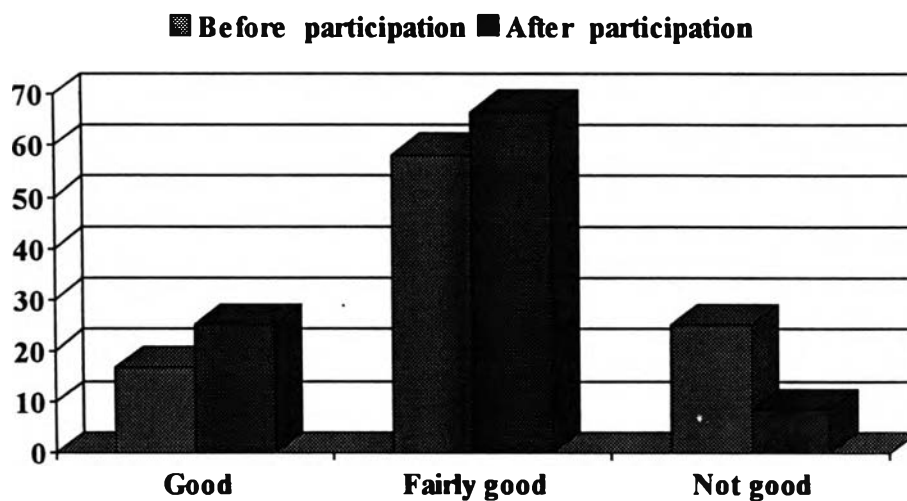


Table 16 revealed that before joining the project the mean of the attitude towards working in the country of the participants is 63.29 %. The standard deviation is 7.37. After joining the project, the mean of the attitude towards working in the country

is 66.25 with the standard deviation of 5.97. From the statistic analysis, the mean of attitude towards working in the country statistically increases significantly.

Table 16. Comparative analysis of means of attitude towards working in rural community of medical students before and after joining the Project

Variable	n	X	S.D.	t-value	df	p- value
Attitude towards Working in the country						
Before the participation	24	63.29	7.37			
After the participation	24	66.25	5.97	1.845	23	0.078

Students expressed before the real training step that rural fieldwork allows them to gain rural community knowledge, to gain working experience and it is one form of self-development. It was also thought before the training step that the countryside is far from civilisation and the condition might not be as convenient as they expected. Reasons for community fieldwork expressed by the students are summarised following:

- To be close to the rural community and approach the villagers.
- To learn the community actual problems such as inequity of the society.
- To study the rural lifestyle and various attitudes.
- To have good relationship with colleagues.
- To have the opportunity to work in team to solve any problems.
- It's a challenge.
- To build up their experience in pursuing their career.
- To test themselves whether they can work in the country.

- To prepare oneself to pursue the career for more efficiency.
- To get their aim in life. There will be inspiration to push them to study hard; to work and donate oneself more for the society.
- To adapt themselves to the surrounding.
- To get to know actual problems beyond their textbooks.

However, after the fieldwork many students expressed that it would be regretful if they did not join this project as they had gained rural community experience, working experience and self-development as they expected, which included the followings:

- Experience rural community, villagers and know how to make friends with them.
- Be able to learn actual problems in the community, especially the problems that make public health unsuccessful e.g. behavior and lifestyle.
- Learn the way of life of the villagers.
- Have gain impressive experience especially on helpfulness, sincerity and kindness that will make them feel warm.
- Know what should be used in studying the Community.
- Know how to work with others.
- Practiced themselves to be more responsible
- Know how to develop relationship with the community to experience the work of professionals in the field of their rural work.
- Enrich their experience, knowledge, view in pursuing their career.

- Test the mental completeness and the ability of physicians to help the society.
- Prepare before their future actual works in rural community to be more efficient.
- Evaluate themselves if they can adapt themselves to the surroundings, which seem similar to the ones they have to encounter in the future.

3.6.5 Recommendations to CMS model development

3.6.5.1 Motives of students to participate in the project

The student opinion and ideas expressed in the questionnaire about their motives to apply for the Modern Community Self Study Model Development project are summarized as follows:

- Want to learn and acquire experience for themselves to be applied to their work by fieldwork.
- Adapt themselves to the community and approach the villagers.
- Enjoy the country atmosphere and lifestyle and eager to appreciate rural culture.
- Want to know the steps of community study.
- To practice the spirit of leadership and communication skill.
- To donate one's self to the society.
- To get data for decision making in pursuing their career.
- To broaden their attitude towards working in the rural area.
- To join the camp/activities in-group.

- Joining this project helps enhance participants to co-operate with the community more than what they get from other projects as the training duration is longer and it is actual circumstance.
- To make sure whether they can spend their life in the country.
- To spend they spare time usefully.
- To have something new to fulfill their daily life.
- To get more experience where learning may differ from theory learned in the interactive, social context of a classroom.
- To broaden their vision and keep them to be helpful to others.

It is suggested that there should be more public advertisement or campaign about this project, its objectives and its benefits to overall society in order to attract more students to join the project.

3.6.5.2 Self-preparation prior to rural community fieldwork

In terms of self-preparation prior to project implementation period, most students did study the training manual (all of the 3 books) and did physical and mental preparation such as practice, self-adjustment, communication and health treatment not to be the obstacles in joining the training course. In addition, they gain initial community advice from the project staff and learn from friends who grow up in rural community.

However, these students generally suggested that they should be provided with community basic data before fieldwork and should be advised how to face with immediate problems using imitated situation and how to adapt oneself in the

community. The manual should be provided earlier to allow sufficient time for reading and study (before class ends). There should also be an orientation together with the training manual. However, most of these suggestions were already included in the project plan and in the implementation process.

3.6.5.3 Manual

It was found that most students were satisfied with the attractive design of the self-study manual, its content, presentation, understandable details and exercise practices. Several recommendations by the students to improve the quality of the manual are summarized as follows.

- There should be purposes assigned for each activities.
- The data of target villages should be added.
- The details of some subjects are not presented clearly. For example, there is no advice on how to begin drawing the geographic mapping.
- The samples should be shown before starting each training course for mutual understanding.
- There should be the directory of the participants.

3.6.5.4 Training Steps

According to the students, the actual activities performed in the training period included studying the manual and relevant documents, listening to the short lecture during orientation meeting, classifying the working groups, surveying the community, discussing with other groups to complete the group assignments and planning the training course step by step and clearly. It was said that all the activities

helped the medical students realize their future roles as a general doctor working in community.

To improve the training process, it was suggested that this step should be presented more specifically to the students, the work plan should be prepared on daily basis while the community organization step should not be compulsory. Lastly the duration for community mapping activity should be longer.

3.6.5.5 Supervisory Support and monitoring step

To monitor the progress of the training and implementation process, follow up meetings were held once a week to summarize the weekly activities and working progress presentation. It was found that there was strong collaboration and enthusiasm from all the students. The students also had full freedom to complete their work under their own schedules. Friendly atmosphere was observed among the students and they coordinate well in joined group activities.

However, it was recommended that there should be follow up meetings three times per week in order to solve problems that might occur during the week to be able to adjust the plan promptly. Every student should be given opportunity to participate in the presentation and students should be able to determine the time and schedule for work monitoring and supervision.

3.6.5.6 Other recommendations

It was expressed that the rural community fieldwork provided experience on good attitude towards community learning. The training duration should be extended

to be one-month course. A similar camping project should be organized every year. They should look for other poorer communities. The period of acquaintance with the villagers should be longer. Some assignments should be decreased and the numbers of people to be studied Biography should be reduced. Vehicles should be provided for students to explore more remote houses. There should not be a competitive atmosphere amongst the students. The safety of the students should be considered in the selection process of the host families. Four or five students might be placed together in each family.