Community Based Education in a South African Context: Was Socrates Right?

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Abstract

Overseeing medical students working in small rural clinics challenges both the students and the lecturers. How does one evaluate a learning experience that does not involve memorising facts? Socrates (470-399 BC) maintained that the teacher's role was *not* to impart knowledge but rather to expose ignorance and encourage a process of self-discovery. According to Socrates, the outcome of this process was a new understanding of oneself, a sense of emotional balance and an increased consciousness of one's social responsibilities.

This study evolved as I participated in the process of teaching students and became forcefully struck by their comments in their rotation reports. A qualitative analysis of 150 student reports was carried out and the major themes were highlighted. Those themes included: being overwhelmed by the difficulties and frustrations of an inadequate service, being challenged by cross cultural issues, comparing notes with traditional African medicine, reassessing compulsory community service and a changed vision about oneself and one's future career. A community-based experience in a rural clinic is definitely one way of preparing future doctors to meet the challenge of health care in South Africa.

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Introduction

After 16 years in suburban general practice I felt as though I had been thrown into the deep end when I joined the Department of Family Medicine at the University of Pretoria. I was given the task of overseeing small groups of 4th year medical students while they spent 2 weeks working at a primary care level in rural clinics.

This article attempts to capture the experiences of these students. In addition it explores my own journey in looking for ways of making this time a meaningful learning experience for them.

In the light of all the current discussions[1-7] about training medical students I was fascinated to come across Socrates' ideas about education.[8]

Socrates (470-399 BC) maintained that the teacher's role was *not* to impart knowledge but rather to expose ignorance. He suggested 2 vivid metaphors to illustrate this role. The teacher was the "*gadfly of the thoughts*". By means of probing questions the student became aware of his/her ignorance. This awareness stimulated curiosity and encouraged a process of self-discovery. The teacher also became the "*intellectual midwife*" as he/she assisted in the birth of conscious understanding out of unconscious ignorance.According to him, the outcome of this process was a new understanding of oneself, a sense of emotional balance and an increased consciousness of one's social responsibility.

What happens to medical students when they are removed from the comfort of a large urban Academic hospital and placed in small rural clinics? How does one evaluate a learning experience, which does not involve memorising facts? Can one measure change of attitude, increasing maturity, a greater awareness of the needs of others? Are these things important? Should one even be trying to evaluate 20th century students in this way? Are the outcomes that Socrates suggested still valid today?

This article attempts to answer these questions as well as assessing whether the experience of working in rural clinics helps to prepare medical students for facing the challenge of the health care needs of South Africa. It is interesting to read how colleagues have grappled with similar issues and have come up with exciting ideas for solving the difficulties encountered in Community Based Education.[9-11]

Teaching methods

During their 4th year of training (old curriculum), groups of 30 medical students spend 2 weeks living at the University's satellite campus near Hammanskraal 50km north of Pretoria. In the mornings they work

in various village clinics in the Moretele District assisting the nursing staff with their primary health care tasks, such as immunisation, antenatal care, family planning, the D.O.T.S. program for TB, health education, and the treatment of so-called minor ailments and common chronic illnesses such as hypertension, asthma and diabetes. In the afternoons they participate in discussions, debates, role-play, quizzes, slides and videos on topics related to primary health care presented by various lecturers from the Faculty of Medicine.

At the end of this time the students had to write a report in which they had to critically evaluate the District Health System as well as their personal experience. They were encouraged to write "from the heart" rather than to follow any formal guideline.

Methods

A qualitative analysis of 150 reports was carried out. Major themes especially those related to the process of self-discovery in a cross-cultural, rural setting were highlighted.

This study was not originally planned at the beginning of the year. As I participated in the process myself and was so forcefully struck by the comments of the students I decided to try to analyse their responses. My own reactions and personal biases probably heavily influence this analysis. Despite this, I felt the voices of the students need to be heard.

Major Themes

1. An overwhelming experience

Many students expressed a feeling of helplessness when confronted by the harsh realities of life – the realisation that the problems many people face every day cannot be fixed with a simple prescription. Problems such as unemployment, disability, dysfunctional families, alcohol abuse & HIV/AIDS appear insurmountable.

'I was so helpless and incompetent. What struck me was that this was real life, nowhere to hide'

'Medicine doesn't cure poverty'

'I felt as if my hands were chopped off'

' I felt more like an undertaker than a medical student'

Those students who come from more affluent urban backgrounds expressed surprise at seeing such apparent poverty so close to home. Some expressed feelings of guilt at having been 'spoilt' and having taken so much for granted. A few students went one step further. They realised that it was actually they themselves who were the 'poor ones'. It was they who were receiving more than they were giving.

'My first impressions were that we were going to learn about delivering a service to less fortunate people than ourselves. I now find it was my thoughts that were ungrounded. I am the poor one. I am the one who is going to be helped'

2. The difficulties and frustrations of an inadequate service.

The many deficiencies of the rural district health system caused much frustration. Inefficient administration and management resulted in recurrent shortages of medical supplies, stationery and cleaning materials. On inquiring the staff merely shrugged their shoulders.

'... the depleted supplies in the dispensary and the passive way this is accepted is also a problem'

The lack of telephones and transport made dealing with emergencies a nightmare. The overcrowding and lack of privacy especially on family planning day was also disturbing.

'Patients are often herded like sheep into fold.'

'At the family planning clinic the women stand waiting in a row with their dress pulled up while you jump around like a jack-in-a-box trying to remember who gets which injection.'

"Most clinics do not have a proper incinerator. At those clinics with an incinerator there is no coal or wood. After delivery women are given the placentas to take home for disposal."

"The most shocking thing of all is that women are sent home after delivery with the placenta in a plastic bag."

3. Another culture – conflict or opportunity.

Working in a cross cultural setting compounded the students problems especially as most of them have little or no understanding of the local languages. Staff shortages meant that the nursing staff were also not always available to help interpret, as they were busy with other activities. It is interesting how different the reactions of various students were. A few were very unhappy.

"The experience was not always pleasant." Apart from the limited supplies, the nurses were mostly antagonistic, unhelpful and unfriendly. One was deliberately made very conscious of differences in culture and opportunities and at every opportunity this was rubbed in. Communication with patients was very difficult as a result of the language barrier.

For others the experience as well as their own reactions were totally different.

'I enjoyed working at Makapanstad Clinic very much. The nursing staff was so friendly

and willing to teach me various skills. I found it very stimulating to work with people who were so different to me especially regarding culture, language and opportunities.'

'It made me realise that if I wanted to be a good doctor I would definitely need to learn another language.'

'I must mention at this stage that Sister Deborah went out of her way to make these 2 weeks a successful learning experience. She was a real inspiration to me personally because she was always so positive despite having so little. Her heart is in her work and in her community.'

4. Traditional medicine – comparing notes.

A visit to a traditional healer was a highlight for many students. Though apprehensive and somewhat sceptical at first, they enjoyed the opportunity to compare notes on the different approaches to illness.

Herbs and Sandton

'Afraid? Yes indeed, we thought the 'traditional healer' would make us drink battery acid and bewitch us all. Bias and prejudice!'

"He showed us all his qualifications and then we realised that he was a type of "Herbalist". At first he was suspicious because he thought we were from the police. (I wonder why?). I have never seen someone who could laugh so much – not even the nurses of Bosplaas. Something that was remarkable was his good clinical knowledge. Bias and prejudice!

Although he works within a different framework of stories and explanations to the western doctor, he definitely has a lot of experience.

Even here one can see that there are differences amongst traditional healers. For example this healer told us that he was not in favour of treating people with illnesses which he knew the "white doctors" could cure more quickly.
If one thinks about the placebo effect and the reasons people consult a GP, then one cannot just dismiss the value of such a person."

A second opinion.

'THURSDAY – today we did not go to the clinic but instead we visited a traditional healer. My first surprise was that the 'doctor' was a woman, especially as women don't enjoy much esteem in black culture. Secondly, it was encouraging to hear that she does refer patients to doctors. The highlight of the morning was to find an Afrikaans book of old home remedies (boererate). The farmer on whose farm she grew up gave the book to her. She uses it regularly as a reference book in her flourishing practice. It is good to know that 'XXX mints' and brakefluid have a place in the treatment of piles.'

5. A changed vision

For many the experience of working in a rural clinic opened a new perspective. After 3 years of theory they were at last given the opportunity to put their knowledge to the test. Beyond the skills of measuring blood pressures and temperatures, of listening to hearts and lungs, there was the challenge to see people in context and to delve a bit deeper into the hidden needs and problems.

'If just for once you can exchange your self-confident, all knowing, better-than-you-attitude, for that of a teachable, flexible and understanding person, then everything doesn't look so strange any more. If you take off your judgmental spectacles and look a bit deeper than the not so shiny surface, you will see what you are familiar with. You will see the brave efforts of the staff who are trying to cope with so much more than they were originally trained to do. They have to handle things that others would not be willing to do. It is all in an effort to bring primary health care to as many people as possible. And although this care is not according to the standards of an idealistic guideline, it is at the moment all there is, the best that we can deliver.'

In the two weeks I was exposed to this system, I learnt more about human relationships, the reality of life and the possibility of always remaining a thankful, patient person, generous with what you have – that is after all what life is about.'

'Within me a small flame was re-ignited. In all honesty I was afraid that it was already completely dead.'

'It was there that I remembered why I began studying medicine in the first place'

'... scales fell from my eyes .....'

'... the highlight of my 4 years of study.'

'... all the 'swotting' will not be for nothing.'

'Another attempt is made to destroy our insularity complex. We were exposed to rural SA and we wonder even more for whom to vote.'

'... And a moving encounter

'What will I always remember about Refentse clinic? A great deal, especially the image of a certain 17-year-old mother with her hydrocephalus baby in her arms. O yes, the baby as a patients was very interesting, especially the 'VP-shunt' and everything that the doctor explained to us. But in my opinion it was the young mother who was a heroine. She was so awkward end embarrassed when everyone came to examine her little daughter. Later when we were alone and I told her what a pretty baby she had and how much the child loved her and also how much she loved the child; she blossomed into a beaming loving mother. As innocent as a child, in reality what she herself still is, she kissed her baby repeatedly on her forehead and spoke softly to her. It is unbelievable how important the advice a lecturer gave us one day just in passing that one should remember to encourage the parents of a deformed child by attaching a sense of value to the child. I was amazed at this young girl – she looks after this hydrocephalus baby so nicely, she brings her to the clinic regularly and checks to see that the shunt doesn't block. She has to carry all those heavy responsibilities alone at such a young age – is this simple person not so much better than we who

are always complaining and trying to avoid responsibility when life becomes a bit pressurised?'

6. Community service

On occasions the students had contact with doctors doing their compulsory year of community service. Their positive attitude and willingness to help the students was greatly appreciated. Many students commented on how their previously negative feelings about community service had been changed and that they were actually looking forward to this opportunity of service.

'I must be honest and admit I had very negative ideas about compulsory Community Service that awaits us, but now I have a different perspective. I am actually looking forward to the opportunity to make a positive contribution in Primary Health Care.'

'The two weeks at Hammanskraal did not only teach me a lot, it made me a better, more grateful person. I am even positive about Community Service.'

'After the visit to Tlholwe, I have a new perspective about underdeveloped communities. For the first time in my 'spoilt' life, I realised how a large part of our people must make do with so few privileges. Now I understand the importance of a good primary health care service in the development and welfare of a country.'

Discussion

Thirty years ago the American educationalist, Frederick Mayer, said: 'Education is measured by its impact'. It is evident from those reports that many students coped well with the experience of working in a rural clinic. As predicted by Socrates they gained a new understanding about themselves, they were able to resolve some inner conflicts and achieved a sense of emotional harmony and an increased willingness to fulfil their social responsibilities. As can be expected, however a small minority remained entrenched in their original attitudes and prejudices.

Obviously this study has many limitations and it may not fulfil all the requirements of a formal scientific study yet I feel that the views of the students provides valuable insight into the value of community based education in the South African context. The challenge of providing health care in South Africa is overwhelming. The training of future doctors to meet this challenge needs to take into account the hard realities of the lives and needs of rural people. If we, as academics, fail to prepare our students for this, we will have failed to educate them no matter how well they pass their final exams.

Conclusion

A community-based experience in a rural clinic is definitely one way of preparing our students for the future. It is the experience as well as the lecturer which teaches the students and assumes the role of the "gadfly of the thoughts" and the "intellectual midwife".

References

1. Lefford F. McCrorie P. Perrin F. A survey of medical undergraduate community-based teaching: taking undergraduate teaching into the community. *Medical Education* 1994;28:312-315.
2. Elliot MK. Are we going in the right direction? A survey of the undergraduate medical education in Canada, Australia and the United Kingdom from a general practice perspective. *Medical Teacher* 1999;21(1):53-60.
3. Parle J. Greenfield S. Thomas C. Ross N. Lester H. Skelton J. Hobbs R. Community-based Clinical Education at the University of Birmingham Medical School. *Academic Medicine* 1999;74(3):248-53.
4. Mash R. de Villiers M. Community-based training in Family Medicine – a different paradigm. *Medical Education* 1999;33:725-9.
5. Worley P. Lines D. Can specialist disciplines be learned by undergraduates in a rural generic practice setting? Preliminary results of an Australian pilot study. *Medical Teacher* 1999;21(5):482-4.
6. Nazareth I. Mfenyana K. Medical education in the community – the UNITRA experience. *Medical Education* 1999;33:722-4
7. De Villiers PJT. De Villiers MR. The current status and future needs of education and training in Family Medicine and Primary Care in South Africa. *Medical Education* 1999;33:716-21.
8. Perkinson HJ. Since Socrates – Studies in the history of Western educational thought. New York : Longman 1980.
9. Hamilton JD. Establishing Standards and Measurement Methods for Medical Education. *Academic Medicine* 1995;70(7):851-6.
10. Fowell SL. Southgate LJ. Bligh JG. Evaluating Assessment : the missing link? *Medical Education* 1999;33:276-81.
11. Thistlethwaite JE. Introducing medical students to the concept of patient-central consultations during a community-based teaching attachment. *Medical Teacher* 1999;21(5):523-6.
12. Mayer F. The Great Teachers. New York: Citadel 1967.