

Needs Assessment study for a common Post-Graduate Curriculum in Community Medicine**Shobha Misra**

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What problem was addressed ? A curriculum defines the learning that is expected to take place during a course or programme of study in terms of knowledge, skills and attitudes. The written and published curriculum is the official or formal curriculum. Curriculum or course needs to be monitored and evaluated to ensure that it is working as planned and also to identify areas or improvement. This study was conducted with the objectives to: identify the need for a common Post-Graduate Curriculum; enlist the must know, nice to know and desired to know areas and; enlist the areas for teaching and assessment in Community Medicine in Medical Colleges of a state in India.

What was tried ? This was a cross-sectional study through administration of a semi-structured online questionnaire conducted at a Medical College located in India. Before formulating the questionnaire, a Focus Group Discussion with post graduate (PG) students of the College was conducted using a guideline. Based on their responses and peer review, the questionnaire was designed. The same was mailed to 100 PG students and 80 Teachers of Community Medicine from six Government and two private Medical Colleges of the state. The questionnaire was based on the implemented curriculum, to seek their opinions regarding the qualities of the implemented curriculum and questions requesting classification of syllabus into Must to Know, Nice to Know and Desirable to Know. For quantitative questions, a five-point agreement

scale was used. Quantitative questionnaire data was analyzed with MS Excel Sheet. Open-ended suggestions were analyzed by coding comparable comments expressed by two or more respondents as key points. The study was approved by the Institutional Ethics Committee; EC registration no: ECR/85/Inst/GJ/2013 dated 06/01/15.

What lessons were learnt ? Majority of the respondents felt that there were no defined learning outcomes, teaching-learning and assessment methods. The curriculum lacked clarity and linkages with professional development and was not Competency-based. All of them agreed that there was a need of introducing formative assessment during PG course as feedback for learning. The study concluded that there were major weaknesses in the PG Curriculum in Community Medicine in terms of; it being more knowledge based rather than skill based; non-clarity regarding the core and non-core areas; assessment was objective and teaching objectives were not in alignment; professionally ill-developed and less confident for jobs beyond medical colleges and; its implementation in all the colleges was very much variable. Also that, there were problems in posting PGs at various organizations / NGOs / Institutions which hinders their learning experience and all faculties were not comfortable with teaching of all topics. In a teacher's own words to an open-ended question, "I wondered currently, what a PG student of community medicine does for 3 entire years?". There is a definite need of defining

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curriculum for three different years. Another put it like this, "There is no formal formative assessment, except feedback given during presentation". However, most of them agreed that; the curriculum helps students to utilize basic statistical analysis, material resources were available and students were being supported in independent learning. The main problem encountered during the study was that, despite of three reminders and circulation of the questionnaire through a letter from the professional body of Community Medicine at state level only 40% forms were received back.

What Next : It is planned to design a competency-based curriculum within the conventional curriculum in Community Medicine teaching and

training of post graduates so that they could efficiently play their roles as Community Physician, Public Health Specialist, Health Manager, Faculty, Researcher and Occupational Physician. This structured curriculum would first be implemented in the department with a possibility to be scaled at state level.

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References:

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