Original Article

Perception of medical students and staff towards community medicine educational process in traditional and integrated medical schools

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ABSTRACT

Background: Community medicine teaching has a vital role in graduation of community oriented primary health care physicians, who can identify and solve health problems in their community. However, the majority of undergraduate medical students perceived it as irrelevant to their role as physicians and not prefer it as a future career. Integration in medical curricula makes the learning and teaching to occur in a holistic way that reflects the real world, so it may be perceived better by students and staff members.

Objectives: To investigate the perception of undergraduate medical students towards community medicine teaching process and their future career preference, to identify the perception of teaching staff about the community medicine educational process in traditional and integrated medical schools.

Participants and Methods: a cross sectional study, conducted on 600 randomly chosen undergraduate students (300 from each system), and 110 community medicine teaching staff members at some faculties of medicine in Egypt (68 from traditional system and 42 from integrated system). Data were collected by self-administered pre-tested questionnaires using Likert-scale.

Results: The mean age of participant students was 21.8 year±0.8, while the mean age of participant staff members was >40 years, and the majorities of both were females. The median of total scores was low in both groups, while it was significantly higher among the participants from integrated versus traditional schools (students score was 58.5 versus 51) and (staff score was 79.5 versus 74) respectively. Only 12% among studied students preferred community medicine as a future career, 53.5% among them were highly satisfied by community medicine course.

Conclusions: Perceptions regarding the community medicine educational process was better among the integrated system participants than traditional ones. The majorities of students in both systems did not prefer community medicine as a future career.

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INTRODUCTION

Community medicine is the branch of medicine concerned with the health of populations. It has a vital role in graduation of community oriented primary health care physicians, who have critical thinking and generic skills in identifying and solving the common health problems in their community [1]. Primary health care physicians should have basic clinical competencies in providing preventive and curative services, most of which are built through teaching community medicine [2]. However, the majorities of undergraduate medical students perceive the community medicine subject as irrelevant to their role as physicians and consider it a dull

and boring subject [3]. Moreover, although public health practice has interventions to change lifestyle that have greater impact on the health status than curative care, yet community medicine is not considered as a popular career choice [4].

Achieving public health learning outcomes in medical graduates is affected by many factors like learning process organization, curriculum contents, teaching methods, and learning materials effectiveness in addition to the assessment and evaluation methods, all of which play a significant role in the learning process quality [5]. Community medicine was taught as a separate discipline in the medical program which was divided into a preclinical and the clinical phase according to Flexner model [6-7].

Nowadays medical education adopts new trends and strategies due to changes in community needs and expanding understanding which necessitate development of already present teaching approaches or emergence of new ones [8]. One of these strategies is moving from discipline based curriculum to integrated one as recommended by National Authority for Quality Assurance and Accreditation of education (NAQAAE) and the Supreme Council of Universities (SCU) in Egypt, that all faculties of medicine should apply some degree of integration with the freedom in choosing the type of integrated curriculum that fits its mission and resources and covers the scope of the National Academic Reference Standards (NARS) competency framework [9]. Before this recommendation, all faculties of medicine in Egypt were followed the traditional discipline-based education except, the faculty of medicine in Suez Canal, Port Said, Helwan University, and new Giza faculty of medicine, who adopted the integrated curriculum. Moreover, there are integrated parallel tracks at some faculties; all of these are alternative models using student centered learning approaches [10].

Integrated teaching actively engages students and extends their thinking skills, prevent information overload, and make the learning environment interactive as it view learning and teaching in a holistic way that reflects the real world [11-12]. The choice of specialty and future career may be influenced by the schools' curricula format and content, training settings and informal climate, faculty values and institutional culture, type, and location of practice [13-14]. Students and staff opinion regarding the curriculum are an indicator of quality of education and is a part of the evaluation of teaching learning process [15-16]. So the current study will help in understanding the students and staff perception about community medicine educational process in traditional and integrated systems, and its results may help the academic community medicine staff in the traditional system to succeed in developing a new efficient integrated curriculum contributing to the improvement of learning outcome and generate the students' interest in

community medicine specialty. Accordingly, this study aimed to investigate the perception of undergraduate medical students towards community medicine teaching process and their future career preference, also to identify the perception of teaching staff about the community medicine educational process, in traditional and integrated medical schools.

SUBJECTS AND METHODS
Study design and setting:
A cross-sectional analytic study conducted over a period of 2years from (March 2018 – April 2020), on undergraduate medical students attending the course of community medicine, and teaching staff members of community medicine departments at some faculties of medicine in Egypt. The study participants were recruited from faculties of medicine at (Al-Azhar University, Ain Shams University) as traditional medical schools and faculties of medicine at (Suez Canal, Port Said, and Al Mansoura [*Manchester program*] Universities) as integrated medical schools. The study protocol was approved by the IRB committee of Faculty of Medicine "girls" Al-Azhar University. All the necessary approvals for carrying out the research were obtained. Participation in the study was voluntary.

Sampling technique
- Sample type
Simple random sample technique was adopted to collect the studied students; using the random table .While regarding the staff members, all available staff members of community medicine departments in the mentioned faculties who accepted to participate in the study were included.
- Sample size
A.   Students sample
Sample size was calculated by online calculator [17], as 400 students, assuming a proportion of student perception as 50% (due to lack of estimates from the previous studies) and using confidence limit of 95% and a power of 80%. Practically 600 undergraduate students were recruited from both educational systems schools (300 students from each system), which was more than the calculated sample (400), taking into consideration the dropouts to be 30%.
B.   Teaching staff sample
The total number of the participated staff members was 110 (68 staff member from traditional medical schools and 42 staff members from integrated medical schools).

Study Tools
Two forms of predesigned structured self -administered questionnaires were constructed for data collection, one for the students and the other for teaching staff members.
A) *Students questionnaire:* contains the following parts
1. **Personal data:** including age, sex, origin, residence in university housing, grade of previous academic year.

2. **Students' perception towards the community medicine educational process.** By using a validated and reliable questionnaire called (**Course Experience Questionnaire (CEQ).** It consists of 31 closed ended items coded on a five points Likert-scale [18-19] .The first 30 items were about the following 6 scales: Quality of teaching scale (6 statements), Clarity of educational goals and standards scale (4 statements), Nature of assessment scale (4 statements), Level of workload scale (4 statements), Development of learning generic skills scale (6 statements), and Academic Environment scale (6 statements).While the item number 31 was about students overall satisfaction with their teaching course in community medicine. CEQ score was calculated by recoding the responses to each variable as follows: 0= strongly disagree, 1= disagree, 2= neutral, 3 = agree and 4= strongly agree. The negative variables were scored in reverse. Accordingly, the total score ranged from 0-120, scaling of the score was in a positive direction, in which higher scores denote better perception.

3. **Students' perception to community medicine learning and its future career preference:** By using a questionnaire adopted from a study conducted by Sadawarte [20].

B) *Staff members' questionnaire* includes
   1. **1-Personal data:** including age, sex, and scientific degree, also the cause of choosing community medicine as a career
   2. **2- Staff members' perception towards the community medicine educational process,** by using modified course experience questionnaire with some adopted questions from study done by Shehnaz et al. [21]   for Assessment of Medical Education Environment by Teachers (AMEET).

Statistical analysis
After data collection, data entry then analysis by using SPSS program (version 16) was done. Comparing between groups was done by using Pearson Chi square-test (X^2) for qualitative data, and for quantitative data the student t- test (t) and its equivalent for nonparametric statistics Mann-Whitney (MW) test to compare the scores. The level of significance was taken at 0.05. So, p value >0.05 was insignificant and p value ≤ 0.05 was significant.

RESULTS
Section I: Perception of the studied students
The mean age of the students was nearly equal in traditional and integrated group (21.9 and 21.7 year respectively), with female sex predominance (56.7% and 60.7% respectively) with statistically insignificant

difference. The majority of the integrated system students were from urban areas and did not stay in the university housing (80.3%, 92% respectively) with a statistically significant difference from the traditional students. Additionally, the integrated schools' students had statistically significant higher grades in the previous year than the traditional ones (Table 1).

Regarding the students perception towards community medicine educational process; although, the total score of the course experience questionnaire (CEQ) was low in both groups, yet it was significantly higher among the students in integrated schools than traditional ones (58.5 versus 51) respectively. Also regarding the distribution of the CEQ sub-domains scores, it was found that the median of the teaching quality, workload, assessment, and educational environment domains were higher among the integrated students group than traditional ones, with statistically significant difference in educational environment and workload only (Table 2).
The study results revealed that, only about 12% among both groups of students agreed to choose community medicine specialty as a future career (Figure 1)
By analyzing the factors that were associated with preferring community medicine as a future career it was found that high academic performance grade, high levels of satisfaction with community medicine educational course, positive perception toward the essentiality of community medicine study and its relevance for successful medical practice, in addition to negative perception that community medicine is theoretical rather than practical subject with statistically significant difference (Table 3).

Section II: Perception of the studied staff members
It was found that the mean age was slightly higher among the traditional than integrated system staff members (39 and 37.5 year) respectively, the majorities were females, and were senior faculty with teaching experience 16.9 years ±11.7 years in traditional system staff rather than 13.6 years ±10.1 in integrated ones. Nearly half of both groups chose community medicine career due to interest in subject itself with statistically insignificant difference (Table 4). Regarding the staff members perception towards community medicine educational process, the study results demonstrated that, total score and all its domains scores were higher among the integrated system staff than traditional ones, except in assessment domain; was equal in both groups, with statistically insignificant differences in all except teaching quality and educational environment domains (Figure 2).

Table (1): General characteristics of studied students in the traditional and integrated system medical schools

Teaching system Characteristics	Traditional system students No. = 300	Integrated system students No. = 300	Test of significance and p value
Age / year (mean ±SD)	21.9± 0.7	21.7± 0.8	t=1.9 p=0.06

Sex
  Male
  Female
	
	130 (43.3)
	170 (56.7)
		
		118 (39.3)
		182 (60.7)
			X^2=0.9
			p=0.3

Residence
  Urban
  Rural
	
	159(53.0)
	141(47.0)
		
		214 (80.3)
		59 (19.7)
			X^2=50.4
			p=0.000*

Staying in campus housing:
  Yes
  No
	
	141 (47.0)
	159 (53.0)
		
		24 (8.0)
		176 (92.0)
			X^2=114.4
			p=0.000*

Students grade in the previous academic year:
  Excellent
  Very Good
  Good
  Accepted
	
	88 (29.3)
	110 (36.7)
	81 (27.0)
	21 (7.0)
		
		110 (36.7)
		131 (43.7)
		41 (13.6)
		18 (6.0)
			
			X^2=17.6
			p=0.001*

*Significant p value is ≤ 0.05, X2=chi square test of significance, significance, t=Student t-test of significance

Table (2): Distribution of the median values of CEQ domains' scores between both groups of the students

Teaching system CEQ domains	Traditional system students No. = 300 Median (IQR)	Integrated system students No. = 300 Median (IQR)	Test of significance and p value
Teaching quality	11 (8-15)	12.5 (8-16)	MW=1.6, p=0.1
Clear goal and standards	8 (5.3-10)	8 (5-10)	MW=0.6, p=0.55
Workload	4 (2-7)	6 (4-8)	MW=5.9, p=0.000*
Assessment	5.5 (3- 7.8)	6 (3-8)	MW=1.5, p=0.1
Generic skills	12 (8-16)	12 (7-16)	MW =0.4, p=0.7
Educational environment	10 (6-14)	12 (8-16)	MW=3.7, p=0.000*
****Total CEQ score**	51 (38-64)	58.5 (44-69)	MW=3.1, p=0.002*

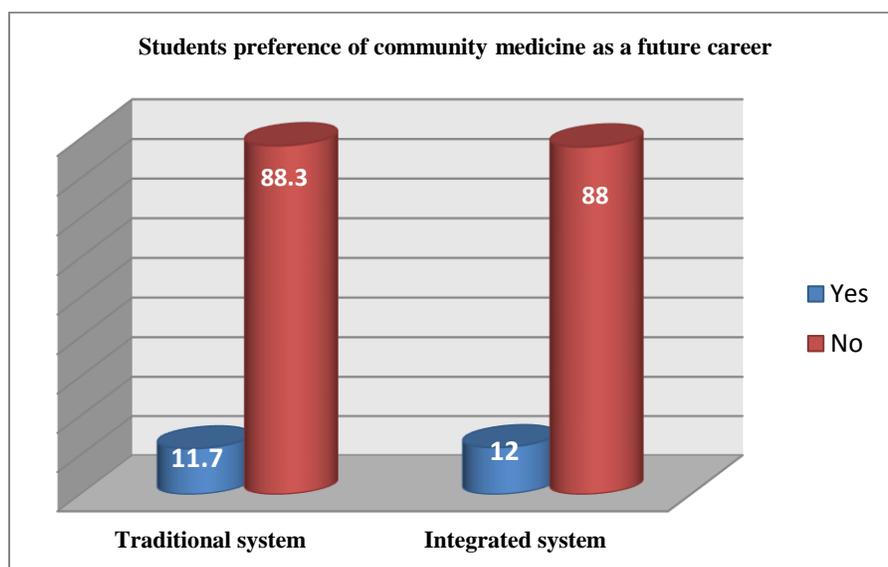*Significant p value is ≤ 0.05, MW= Mann-Whitney test

Figure (1): Students opinion about choosing community medicine as a future career in both integrated and traditional systems medical schools

Table (3): Factors associated with preferring community medicine as a future career among the total studied students

Factors	Preference of community medicine	Yes No. = 71 No. (%)	No No. = 529 No. (%)	Test of significance and p value
Students grade in the previous academic year:				
Excellent		16 (22.5)	182 (34.4)	X^2=9.9 p=0.02*
Very Good		(37 52.1)	204 (38.6)	
Good		10 (14.1)	112 (21.2)	
Accepted		8 (11.3)	31 (5.8)	
Overall satisfaction by community medicine course:				
Low		13 (18.3)	170 (32.1)	X^2=10.5 p=0.005*
Moderate		20 (28.2)	176 (33.3)	
High		39 (53.5)	183 (34.6)	
Students perception about essentiality of community medicine study for successful medical practice:				
Disagree		7 (9.9)	64 (12.1)	X^2=7.7 p=0.02*
Neutral		5 (7.0)	104 (19.7)	
Agree		59 (83.1)	361 (68.2)	
Students perception that community medicine is theoretical rather than practical subject:				
Disagree		29 (40.8)	96 (18.1)	X^2=21.6 p=0.000*
Neutral		5 (7.0)	102 (19.3)	
Agree		37 (52.2)	331 (62.6)	
Students perception about relevance of community medicine to medical practice:				
Disagree		0 (0.0)	81 (15.3)	X^2=16.4 P=0.000*
Neutral		14 (19.1)	36 (25.7)	
Agree		57 (80.9)	312 (59.0)	

*Significant p value is ≤ 0.05, X^2=chi square test

Table (4): General characteristics of studied staff members in traditional and integrated system medical schools

Characteristics / Teaching system	Traditional system staff members No. = 68	Integrated system staff members No. = 42	Test of significance and p value
Age / year mean ±SD	44.1±12.8	41±10.8	t =1.4 p=0.2
Sex			
Male	16 (23.5)	7 (16.7)	X^2=0.74 p=0.3
Female	52 (76.5)	35 (83.3)	
Choosing the community medicine as a career due to interest			
Yes	35 (51.5)	21 (50.0)	X^2=0.2 p=0.9
No	33 (48.5)	21 (50.0)	
Scientific Degree			
Professor	25 (36.8)	13 (31.0)	
Assistant professor	8 (11.8)	4 (9.5)	X^2=3.9 p=0.4
Lecturer	13 (19.1)	12 (28.6)	
Assistant lecturer	16 (23.5)	6 (14.3)	
Demonstrator	6 (8.8)	7 (16.7)	
Years of experience (Mean ±SD)	16.9±11.7	13.6±10.1	t =1.6 p=0.1

*Significant p value is ≤ 0.05 X^2=chi square test, t=Student t-test

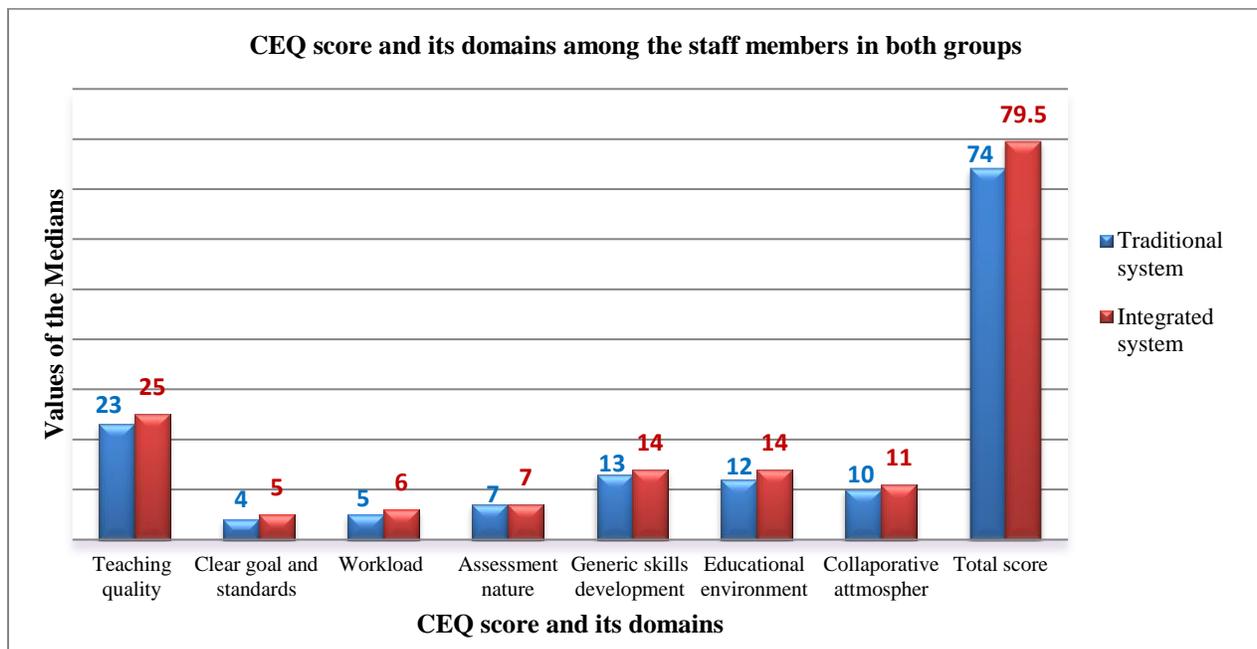**CEQ score and its domains among the staff members in both groups**

Figure (2): Distribution of the medians of the medians of total score and its domains among the staff members in both traditional and integrated medical schools

DISCUSSION

World health organization stated that medical doctors will appreciate and value public health more if its teaching in undergraduate medical schools is interesting, relevant, and effective [4].

Regarding the current study, although bad perception of the studied students towards community medicine course was found, however the integrated schools students had better perception than traditional ones (58.5 and 51 respectively), with statistically significant difference. In accordance with a study conducted in Brazil by Gerhard et al. [22], they found that satisfaction with the community medicine discipline was higher among the integrated system students. Also, in the study done by Sharma et al. [2] in India with traditional system, more than half of students were not satisfied and saw that some changes can be made for better approach.

Current study results of the staff member perception also revealed nearly the same figure of the students where, the staff members of the integrated system schools perceived the educational process of the community medicine more positively than the staff members of the traditional medical schools, (79.5and 74 respectively) with statistically significant difference. This agrees of the study results that revealed, faculty staff members perceived the problem-based learning positively than the traditional learning [23].

Regarding the community medicine study workload, the current study revealed that traditional system students

were overloaded than the integrated ones, also the opinion of traditional staff members was in accordance with their students, with statistically insignificant differences. In the current study the students' perception regarding the appropriateness of the public health workload was in accordance with Gerhard et al. [22] who reported that; the traditional curriculum students were overloaded than the horizontally integrated curriculum students. Another study conducted in India by Kumar et al. [24] reported that 75% of the students perceived that integrated teaching was less stressful and less exhausting compared with traditional teaching. As well as a study conducted in University of Ceará, Brazil with traditional system; revealed that 70.5% of the studied students were stressed by the heavy public health course load [25].

Learning environment is one of the most important determinants of curriculum success and the quality of the learning environment markedly affects learning, in addition the educational program considered one of the most important determinants of the learning environment [26-27]. The present study found that both students and staff of integrated medical system schools perceived their educational environment (as an important determinant) better than those of traditional system, where the students' median score was 12 versus 10 and the staff median score was 14 versus 12 respectively with a statistically significant difference. The students opinion were in accordance with a study done in Qom University of Medical Sciences to compare the educational environment in team-based learning approach with

lecture-based approach in public health, the study concluded that students perception of their academic environment were better in team based learning method than traditional teaching method [28]. Also, these results were in accordance with the results of a study conducted in Kasturba Medical College with integrated system, in India, where the students perceived the learning environment for community medicine to be positive [29]. Furthermore, the studied staff members' perception was in agreement with the study results which reported that faculty members perceived that integrated curriculum is providing a better educational environment for the students than the discipline based curriculum environment [30]. Also, a study conducted by Shehnaz, et al. [21] in the United Arab Emirates, revealed that the educational environment in the integrated undergraduate medical curriculum was perceived positively by faculty members.

Unfortunately community medicine is not considered as a popular career choice despite the fact that social interventions on environment and changes in lifestyle have greater impact on the health status and life expectancy than curative care, so there is a need to increase manpower in areas such as community medicine [4]. The current study revealed that, only 12% among both groups of the students preferred the community medicine specialty as a future career. This agrees with a study conducted in a medical college, in India, where only 12% of the students preferred the community medicine as a career [31]. In the same context, results of a cross sectional study conducted on Government Medical College students revealed that only 19.8% of students will register post-graduation in community medicine discipline [32]. Also, results of a cross sectional study conducted at a teaching hospital located in South India with integrated system, revealed only 21.8% of students want to register a post graduate study in community medicine discipline [33].

Additionally, other studies reported that community medicine was a choice given by only 1.3%, 6 % and 9% of studied students [1] [34-35]
The current study results may be due to that most of the medical students want to pursue their career in clinical subjects and a very few number of them are interested in basic subjects of medicine; as there is no public health clinical cadre in the health system in our country, no promising career opportunities and prospects for the public health professional hence the young graduates are not attracted to the discipline.

Understanding the factors that influence students' decisions regarding their future career may help in taking corrective measures [36]. The current study revealed that, factors that were associated with preferring community medicine as a future career were, high academic performance grade, high levels of satisfaction with community medicine educational course, positive perception toward the essentiality of community medicine study and its relevance for successful medical practice, in addition to a negative perception that community medicine is a theoretical rather than a practical subject with statistically significant difference in all.

In the present study high academic performance grades among those who prefer the future career in community medicine may be due to students' concept that community medicine is only academic not a clinical discipline, so only the students of higher grades can be attached to the university academic residency.

CONCLUSION
From the previous work it could be seen that, among the total studied sample the perception towards community medicine educational process wasn't optimal, but it was slightly higher among the students and staff members in the integrated system than traditional system ones. Regarding the students' and staff perception, the teaching quality and educational environment perceived better in the integrated system than the traditional one, whereas the heavy workload and clear educational objectives perceived higher by traditional system students than integrated ones. Unfortunately, the majorities of students in both systems didn't prefer community medicine as a future career. So the present study recommend changes in community medicine curriculum in new integrated medical education to be less in volume, clear in educational objectives, contain more applied public health practice that make the students feel its relevance to medicine which may encourage them to be specialized in it.

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الملخص العربي

تصور الطلبة وأعضاء هيئة التدريس عن العملية التعليمية لمادة طب المجتمع في كليات الطب التقليدية والتكاملية

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ملخص البحث

الخلفية: تلعب دراسة طب المجتمع دور حيوي في تخريج أطباء الرعاية الصحية الأولية الذين يمكنهم تحديد وحل المشاكل الصحية في مجتمعهم. ومع ذلك ، فإن غالبية طلاب الطب يعتبرون مادة طب المجتمع ليس لها صلة بدورهم كأب طباء ولا يفضلونها كمهنة مستقبلية. يساعد التعليم الطبي بالنظام التكاملي في جعل التعلم والتعليم يحدث بطريقة شمولية تماثل الحقيقة، لذلك يمكن أن يجعل الطلاب يشعرون بأهمية مادة طب المجتمع في ممارسة الطب.

أهداف البحث: التعرف على تصور طلاب الطب عن العملية التعليمية لطب المجتمع وتفضيله كمهنة مستقبلية وايضا التعرف على تصور أعضاء هيئة التدريس بقسم طب المجتمع عن العملية التعليمية في كليات الطب التقليدية و التكاملية.

طريقة البحث: أجريت هذه الدراسة المقطعية على 600 طالب جامعي تم اختيارهم عشوائياً (300 من النظام التقليدي و300 من النظام التكاملي) ، و 110 من أعضاء هيئة تدريس طب المجتمع في بعض كليات الطب في مصر (68 من النظام التقليدي و 42 من النظام التكاملي). تم جمع البيانات عن طريق استبيانات باستخدام مقياس ليكرت.

النتائج: كان متوسط عمر الطلاب المشاركين 21.8 ± 0.8 سنة، بينما كان متوسط عمر أعضاء هيئة التدريس المشاركين اكبر من 40 سنة ، وكانت أغلبيتهم من الإناث. بينما كان متوسط مجموع درجات الاستبيان منخفضًا في كلا المجموعتين ، الا انه كان أعلى بين المشاركين من الكليات المتكاملة مقابل الكليات التقليدية (بالنسبة للطلاب 58.5 مقابل 51) و (بالنسبة لأعضاء هيئة التدريس 79.5 مقابل 74) على التوالي. وفضل الطلاب الخاضعين للدراسة طب المجتمع كمهنة مستقبلية بنسبة 12 % فقط ، وكان من بينهم 53.5٪ راضون بدرجة كبيرة عن طريقة تدريس طب المجتمع.

الاستنتاجات: تصور الطلاب واعضاء هيئة التدريس عن العملية التعليمية لطب المجتمع في النظام التكاملي كان أفضل من النظام التقليدي. ولم تفضل أغلبية الطلاب في كلا النظامين طب المجتمع كمهنة مستقبلية.

الكلمات المفتاحية: الطلاب، أعضاء هيئة التدريس، التكامل، طب المجتمع، مهنة.

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