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Challenges and Obstacles of Community-Based Medical Education (CBME)

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Abstract: Medical education has been the target focus for extensive analysis and ideas for improvement for many decades. Many shortcomings have been reported and addressed with varying effectiveness down the lane. The same argument would be valid regarding the community based education. Community based education addresses the issues facing different populations and establishes the community as its axis and revolves around it. So many rural areas in the globe today are in desperate needs to more oriented health care givers, who actually display the unique amalgamation of humanity and medical expertise. The goal of this review is to shed some light on the different challenges that may contribute to the implementation delay of such medical education course. These challenges have demonstrated themselves to be under various categories such as financial, cultural, and even political. Extensive internet search has been done on research and experiments regarding the community based education. Considering the different challenges that still face the community based education and so many diverse opinions about it effectiveness regarding quality; it is fair and safe to say that unbiased rational conclusion cannot be reached in the meantime. The appropriate remedies for such issues would be to take into account all of the factors in each community on individual basis.

Keywords: Community based medical education, obstacles, and challenges

INTRODUCTION

Community-Based Education (CBE) is defined by many as the process of acquiring knowledge, which takes place outside the boundaries of the institution of the higher education [1].

Mennin *et al*. established the community as a core and environment for the Community-Based Medical Education (CBME) to take place. The provided activities involved students, mentors as well as members of the community and finally, representatives with different educational experiences, in order to meet the community in medical education [2]. In recent past, with so purposes of making an oriented medical education to match the demands of the respective rural areas, many initiatives from medical schools have been established. The second was to motivate more medical graduates who are able and willing to practice medicine in rural areas, in hopes to lead towards solutions to serious problems of these areas being ignored and the issue of ever widely dispersing population. The graduated student of such program shows more orientation and may be more inclined to participate in work in the rural areas and often, he/she is advised to engage in specialty which orchestrates solutions to the community problems. Students of the (CBME) display community-orientation; Problem-solving abilities, eagerness to learn, as well as many personal and interpersonal skills, such as but not limited to, humanity, compassion, keeping with patients confidentiality, professional level of relations with colleagues and manager; and good communication skills [2]. When we mentioned community-based education we referred to the participation of educational process in to the development of the community health, in other words, community-oriented medical education (COME) program.

Inter-sectoral Community Partnership is referred to as Community Partnership and outreach service was the name used to establish the concept of the social accountability towards the community to the medical students' years [4]. Long before the WHO definition in 1995, the term social Accountability of medical schools has been used to refer to the "obligation of such medical school to direct their efforts (starting with education and other activities including research to prioritize the health concerns facing the community [5]. One of the major expectations of medical schools is the expansion of their clinical out-reach programs to serve the needing communities, provide community-based residency placements and offer close and continuous education in

rural as well as regional centers to satisfy the requirements social accountability. Accountability does not free the community from being involved in both planning and implementing the required projects [6].

THE CHALLENGES AND OBSTACLES

The issues, mainly financial, facing the CBE implementation of programs constitute an enormous challenge and cannot underestimated in anyway. The costs of the CBME are huge and that include: developing a curriculum, faculty recruitment and training, transport, office and accommodation costs for field work, as well as salaries for faculty and field staff. It concluded that Community-Based Medical Education is not a cheap option [7]. To practice good teaching, appropriate resources are needed to save time from being wasted. Costs also include the teaching facility maintenance for educational process, purchasing books, journals, information technology and appropriate teaching equipment, and of course the teaching and administrative staff. The expenses for the travel of the students should also be included [8]. A published report in 2013 by the Eastern Mediterranean Regional Office of the World Health Organization WHO demonstrated that a major obstacle faced the application of the community base education program, taking Egypt as an example, was the unestablished trust between the community and the academia especially from the community side [9]. The hunt for a leader, who was able to commence and support the needed change constituted another challenge. When the establisher of the Suez Canal Faculty of Medicine, the first school in Egypt which implemented the CBE program, had to step down, the quality of the program suffered for quite some time until it was revived again the second generation of leaders [9]. Never to be ignored the initial resistance from the students' part in facing the launching of such program was a force to recon with. The initiation of such programs needs faculty members who are well equipped and trained to easily guide the students. According to the Aga Khan experience, students prefer to leave this optional [7]. A huge different kind of challenge is to recruit faculty members, who are interested in leaving the comfort zone in hospitals and medical schools and trade it for other places notorious for the less governability and high workload.

A "Burn out" syndrome was described in the Christian Medical College (CMC) at Vellore, India, displayed a very common issue, when a village is visited by batches of students over the years with standard set of questions. Eventually, the families got overwhelmed over time [9]. The Brazilian experience when it comes to applying the CBE, showed a different challenge, a political one, as was reported by the Eastern Mediterranean Regional Office of the World Health Organization (WHO) in 2013 [9]. When it comes to practicing community based teaching, certain problems present themselves, for experienced and non-experienced educators. On the other hand, overcoming these issues, CBE goes an extra mile in giving the students, faculty, as well as the community a profound growth. These challenges include time commitment, ensuring positive community impact and Ensuring Student Learning [10]. A significant amount of time is spent on developing a trusty relationship with a community that would eventually produce an effective outcome. A fair share of this time is allocated to design projects that live up to both learning and community goals, to fine-tune and micromanage the logistics of the projects as they progress, to direct the training of the students in specific lanes, and to ponder on the meaningfulness and the implications of projects with students [10].

Moreover, there is a parallelism between the increased learning in the community and the need for additional teaching practices. Take into account the additional tasks, such as undergraduate teaching. Issues could be addressed in a satisfactory manner. The need for adequate resources surpasses other needs, in order to increase in time spent on teaching and decrease the time allocated to other tasks [8].

The conceptualized deficiencies in general practice-based teaching is a very considerable barrier and it has been found that including basic science instruction in the process of moving medical education to the community is quite challenging. There is some concern that a move towards community-based teaching will contribute to lowering of the academic standards. The dominating culture in most hospitals, the practicing doctors prefer research area over teaching [8].

The shift from hospital-based teaching towards teaching in general practice in the meantime cannot be advocated for, mainly because of research and interest in this area [8].

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