

Incorporating Civic Engagement in Medical Curricula

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How to cite this article: Ashraf J. Incorporating Civic Engagement in Medical Curricula
J Dow Uni Health Sci 2013; 7(3): 87-88.

One of the key development indices of any nation is the quality of healthcare it provides to its people. Developed countries invest heavily on promotion of health and education. Delivery of good quality health care at the doorstep of the population remains the stated objective of most governments in the world but where the developed countries differ from the non developed ones is not only in the volume of allocation of resources but also in formulation and implementation of relevant policies and careful investment in infrastructure. The role of medical institutions specially the health universities in the public sector is pivotal in this regard. They not only create good human resource but also help guide governments in prioritizing the health related issues. Where the policy makers work in tandem with the medical community, good policies are developed. Medical education and research are guided by the needs of the society, those areas with the greatest impact, such as preventive programs, being allocated the most resources.

Although Pakistan envisions having a universal health system with delivery of care at the doorstep of the people, free of cost, this Utopian dream is very far from reality. Most health facilities remain confined to small areas in the urban centres. Even in big cities most people do not have access to health facilities and the remote rural areas remain completely uncovered.

Unfortunately, the medical universities in our country have primarily concerned themselves only with medical education. Lately, some of these universities have also started producing human resource in the much needed nursing and allied health sciences. Although, there is no doubt that the trained manpower these universities produce are comparable to those anywhere else in the

world, their impact on government's stated objective of providing universal health care is minimal.

An out of the box solution is required if the health delivery system has to permeate into the depths of our society. Integration of civic engagement in our medical and allied health curricula is one of the several measures that need to be taken. In its simplest form, civic engagement or responsibility relates to the involvement of students in the society or community. Although in the western countries, where this concept originated, the term society or community is used in a more local context of the environment around the vicinity of the campus or the state, in Pakistan we may use this term in a much broader sense.

Integration of civic engagement in our setting shall require action at several levels. Firstly, the state and the medical education regulatory authorities will have to be actively involved in shifting the paradigm of health related education from that of just producing trained human resource to the objective of providing healthcare at the doorstep of the people. For the medical universities and their faculty embracing civic engagement as a credo shall require changing the philosophy of their educational process. Instead of adopting the western medical education in its entirety our universities will have to design curricula in such a way that conditions and problems facing this part of the world are given greater emphasis compared to that of diseases which are more common in the western world. A practical approach with early introduction of community based teaching where education is imparted while serving in the community shall be needed. This community based teaching shall be the major component and not be confined to just a short rotation or posting at a rural health centre. A previous attempt at designing a community oriented medical curriculum was not successful probably because it failed to incorporate this practical implementation.

At the student level, civic engagement involves active service in the community while still in the learning process. The educational process should include

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extensive exposure of the students to communities and societies in which they are likely to practice. An early exposure to the community inculcates an understanding of the social and medical problems of the community which they ultimately will serve. This also goes on to provide an understanding of the patient as a person, a component of the social continuum, rather than just an individual with the disease. Direct engagement of the students in the community while still in the educational process enhances the understanding of the society and will provide an opportunity to the student to act as a health educator. The role of the doctor shall be more of healthcare mentor rather than that of a cure provider.

With the establishment of new health universities research activities have gained some momentum. However most research is nascent and mere replication of what has already been established in the technically advanced countries. It is not surprising that this type of research has no scientific impact. It is essential that our research activities should also be focused on the

problems facing our own society and communities around us rather than on trying to find solutions to problem which are not relevant to our context.

Amongst the institutions of higher education all over the world there is an increasing awareness that all the academic and research activities undertaken by these institutions are in isolation from the society around them. Although these towering centers of learning are thriving academically, the communities in their vicinity are gaining no benefit. Hence there is a great momentum of fostering civic engagement and responsibility in learning. Most major universities of the world have developed centers for encouragement of civic engagement and although even in these countries there is a great inertia to change, benefits are already forthcoming. The limitation of resources in Pakistan render it very unlikely that the dream of universal healthcare will ever see the light of reality. However some change can be brought in by incorporation of civic engagement in medical curriculum.

