

**SERVICE LEARNING IN MEDICAL & ALLIED HEALTH  
PROFESSIONAL EDUCATION.**

1. Definition of Service Learning:

- A learning methodology combining service with explicit (specific) academic learning objectives, preparation and reflection.  
(Community Campus Partnership for Health, 2000)
- Service Learning is a teaching method that combines meaningful service to the community with curriculum-based learning.  
Students improve their academic skills by applying what they learn in school to the real world; they then reflect on their experience to reinforce the link between their service and their learning.

2. Approaches to experiential learning:

- Community immersion (complete involvement)
- Links with public health
- Community projects
- Service learning

3. Elements of Service Learning experiences:

- Enhance the standard curriculum by extending learning beyond the lecture hall
- Foster civic and social responsibility
- Provide time for reflection, leadership development and discussion
- Foster a sense of caring of others
- Identify and meet community assets and needs
- Developed in collaboration with the community

4. Pieces of Service Learning:

- Involves community as active partners in program design and implementation
- Forged partnerships responsible to community needs
- Involves community as active partners in program design and implementation
- Established educational methodology
- Integrates community service with explicit (specific) learning objectives
- Reflection

5. Service Learning: Where Next? The example of Primary Health Care:

- Primary Health Care (PHC) incorporates personal care with health promotion, the prevention of illness and community development. The philosophy of PHC includes the interconnecting principles of equity, access, empowerment, community self-determination and intersectoral collaboration. It encompasses an understanding of the social; economic, cultural and political determinants of health.

6. The influence of Generalism:

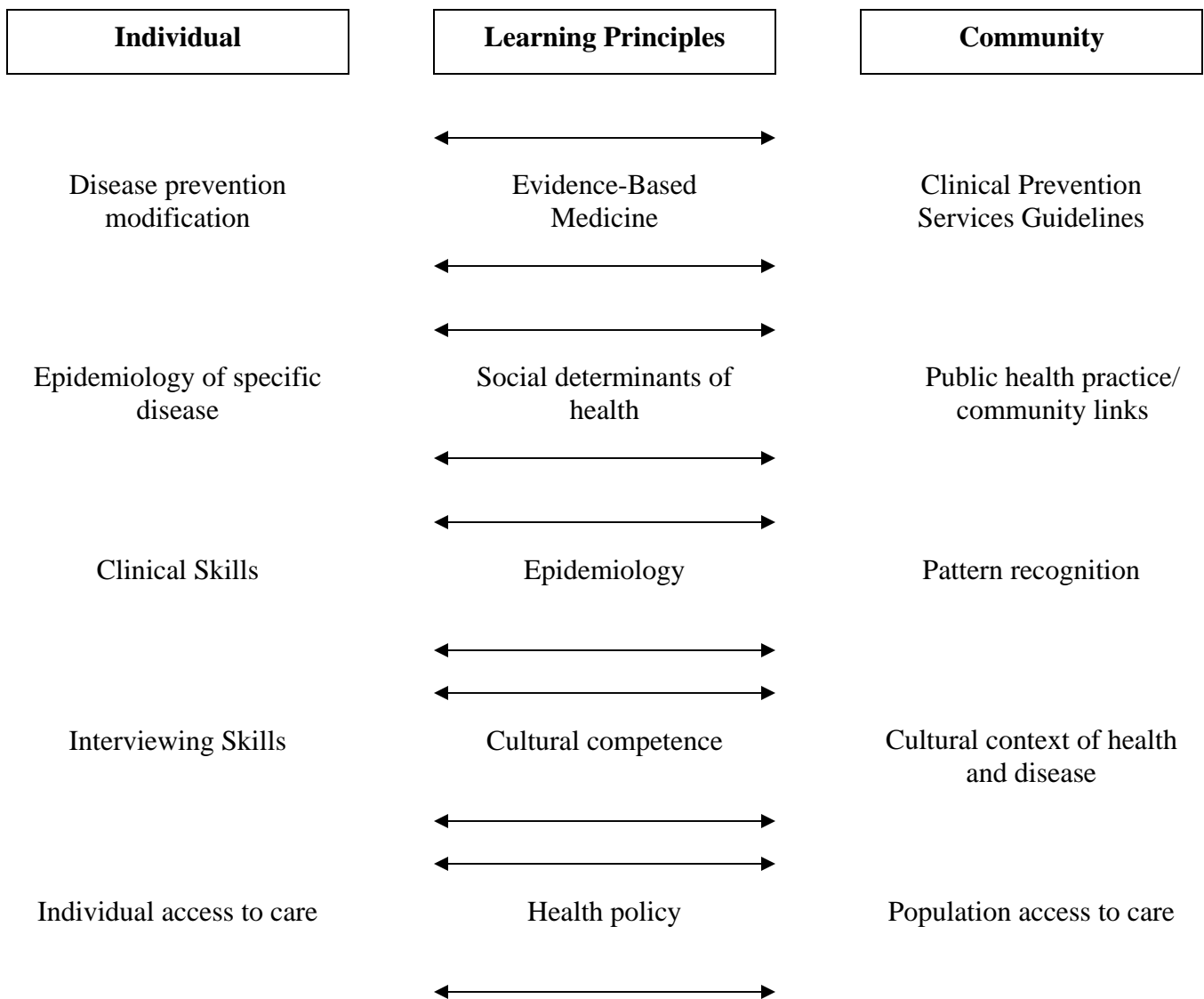
- (increase) the number of generalist trained (influence on access)
- (increase) the community component of training (tie access to community-sustainability)
- (increase) include population skills to training portfolio (improve health status)
- (increase) net effect; broader definition of health.

7. Care of the Individual and care of the Community

- Precipitating Factors
  - Microorganism ↔ Changing Ecosystem

- Context of exposure
  - DM/Obesity ↔ Dietary “Choice” for poor
- Context of vulnerability
  - Low Birth Weight ↔ Increase incidence of Chronic Disease
- Context of Therapy
  - Prescribing medication ↔ Cultural of disease and healing

### 8. Teaching Complimentary Skills



## **CONTINUING PROFESSIONAL DEVELOPMENT (CPD) OF MEDICAL DOCTORS**

### 1. Fundamental of CPD:

- Definition:
  - CPD designates the period of education & training of doctors commencing after completion of basic medical education & postgraduate training, thereafter extending throughout each doctor's professional working life. However, CPD is a much more far-reaching activity throughout the continuum of medical education.

### 2. The WFME Global Standards

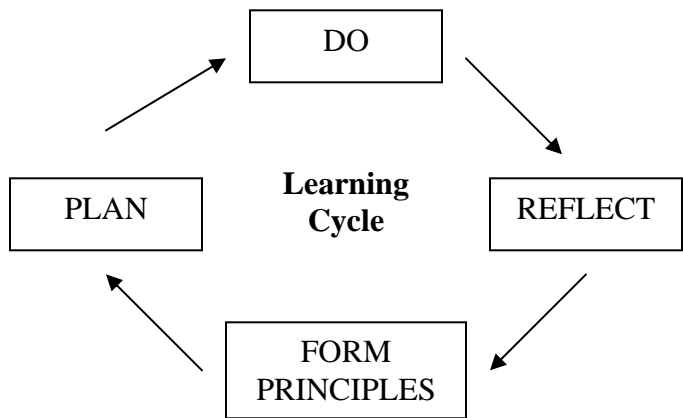
- Definition:
  - CME describes continuing education in the field of knowledge and skills of medical practice.
  - CPD, a broader concept, refers to the continuing development of the multi-faceted competencies inherent in medical practice, covering wider domains of professionalism.
  - CPD includes all activities that doctors undertake, formally and informally, in order to maintain, update, develop and enhance their knowledge, skills and attitudes.
  - Engaging in CPD is a professional obligation but also a prerequisite for enhancing the quality of health care. The strongest motivating factor for continuous professional life-long learning is the will and desire to maintain professional quality.
  - CME describes continuing education in the field of knowledge and skills of medical practice.

- CPD, a broader, concept, refer to the continuing development of the multi-faceted competencies inherent in medical practice, covering wider domains of professionalism.
- CME vs. CPD
  - The former term Continuing Medical Education (CME) has been replaced by CPD. The new term reflects both the wider context in which this phase of medical education takes place, and signifies that the responsibility to conduct CPD rests with the profession and the individual doctor.

### 3. Educational Rationale:

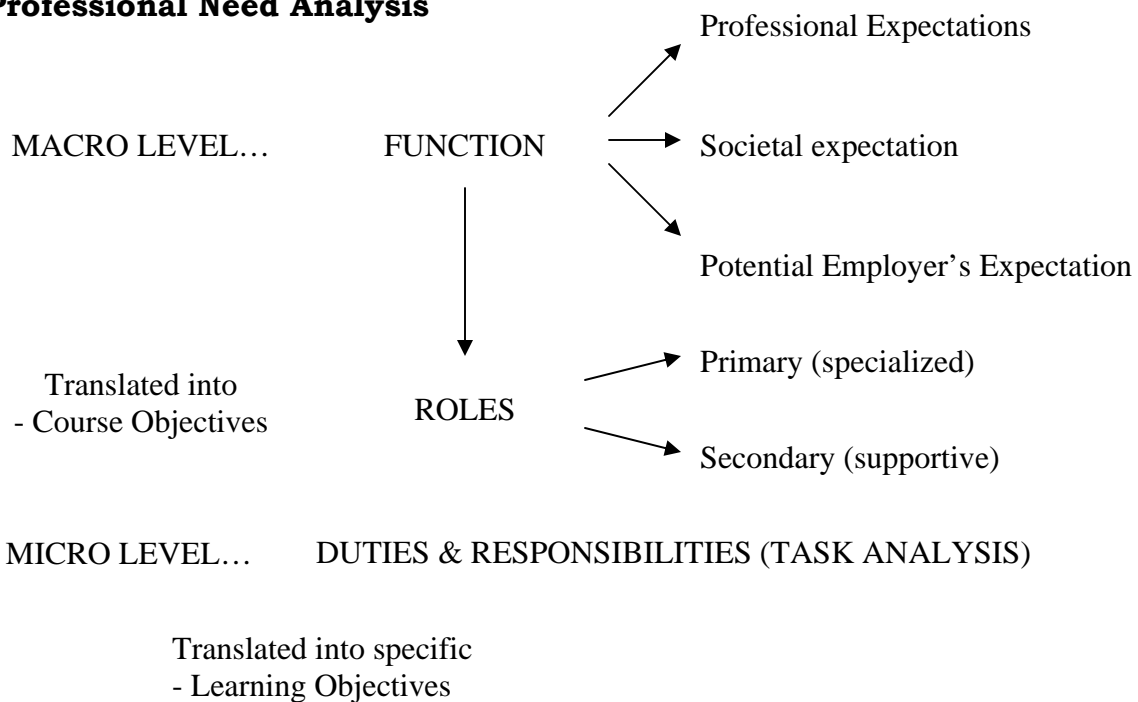
- Motivation for CPD, from the perspective of the individual doctor, derives from three main sources:
  - The professional drive to provide optimal care for the individual patient;
  - The obligation to honour the demands from employers and society;
  - The need to preserve job satisfaction and prevent “burn out”.
- Motivation for life long learning should be a criterion for selecting students for admission to medical schools, and should be nurtured through all phases of medical education.
- The best available CPD is characterized by the presence of three factors:
  - A clear need or reason
  - Learning based on such an identified need or reason
  - Reinforcing the learning accomplished
- Need assessment
  - An integral component of successful CPD
  - Methods for identifying learning needs
    - Formal assessment

- Review
- Audit
- Reflecting on practice
- Receiving complaints and feedback
- Interacting with the team, etc...

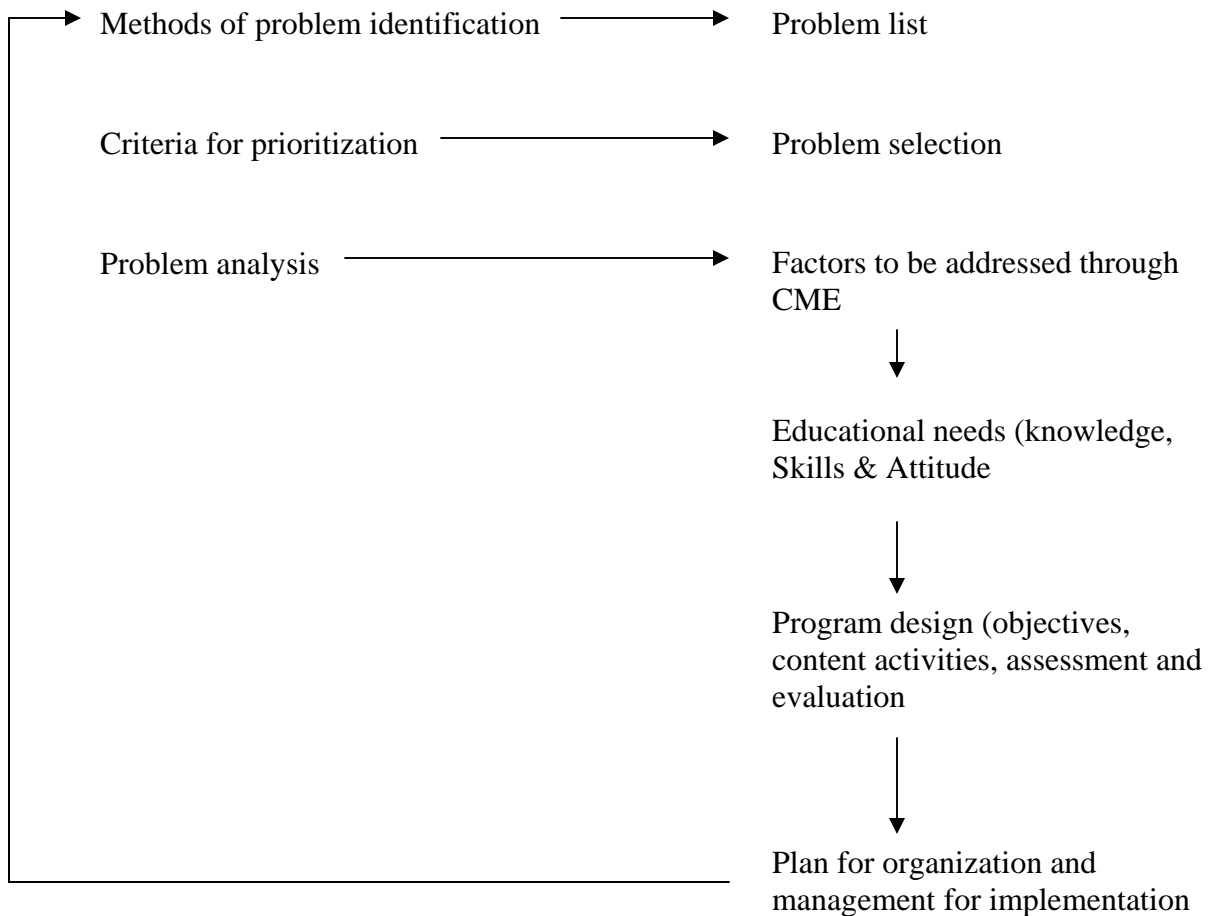


“It is vitally important to sit back and reflect, consider where improvements could have been made and what went well, encourage others to give you feedback on how you performed. It is the only way to learn.”

**Professional Need Analysis**



## How to Integrate CPD into the Health Care System



### Model for Integrating CME into Health Care System

#### 4. Henry For on teamwork

- Coming together is a beginning, staying together is progress, and working together is success.

#### 5. Strengths of Self-Directed Learning (Malcolm Knowles 1976)

- People who take the initiative in learning, learn more things, and learn better, than people who are passive learners.
- More in tune with our natural process of psychological development.

- Puts a heavy responsibility on the learners to take a good deal of initiative in their own learning.
- Self-directed learner will go on acquiring new knowledge easily and skillfully for the rest of his or her life.

#### 6. Virtues to uphold

- Immediately available and easily accessible primary health care setup
- A strong focus on community orientation and population medicine
- Ability of medical schools to develop meaningful partnerships with communities and local government.

#### 7. Conclusion

- Society ultimately wins when academic medicine build bridges to the community in carrying out training program relevant health services and research with and in the real world of the common people.