

Community Based Learning: A Milestone of Health Science Students for their Academic and Professional Development

*Muni Raj Chhetri¹, Kamal Phuyal², Kapil Amgain³

¹Professor of Public Health & Community Medicine; Dean – School of Public Health, Karnali Academy of Health Sciences, Jumla, Nepal

²Co-ordinator - CRTIR, National Institute of Health Sciences (NIHS), Jorpati, Kathmandu, Nepal

³Editor-in-Chief – Journal of Karnali Academy of Health Sciences (JKAHS); Associate Professor, Department of Clinical Anatomy & Cell Biology, Jumla, Nepal

*Corresponding Author:

Prof. Dr. Muni Raj Chhetri, Email/Contact: munichhetri@gmail.com



Community-based learning (CBL) is a teaching strategy that integrates academic coursework with community engagement. It connects academic theories and real-life problems at the community level. Students get an opportunity to learn academic content based on ground realities working in collaboration with community stakeholders. The main objective of CBL is to help both students and community stakeholders actively participate in the process to explore and understand the local realities which support them to learn from each other. It is an opportunity for community people to understand their problems as well as potentials in a more systematic and structured way that will help to develop plans for the positive change in society.¹ Research has found that the community-based system of education makes

students more enthusiastic, receptive and stimulating and help them to develop the sense of socially responsible.²⁻⁴

Keeping in mind the importance of CBL, ‘community field programs’ are integrated into the curriculum of MBBS, BPH and Nursing programs. Usually, all the health science students of Nepal make a one-month residential field visit in the first or second academic year depending upon the curriculum of different academia for participatory community health diagnosis where they learn about the health problems at the community level and the planning process with local people for health promotion and disease prevention. Thus, CBL has been an integral part of the curriculum of Health Sciences.

Local people know the best about their health situation. Their participation in the diagnosis and planning process, therefore, is most essential for the actual diagnosis of health conditions and

developing real plans for the change that directly affects their daily lives. Many proponents of ‘participatory development’ assert that participation in decision-making is the rights of

Access this article Online	Article Info.
QR Code	How to cite this article in Vancouver Style?
	Chhetri MR, Phuyal K, Amgain K. Community Based Learning: A Milestone for Health Science Students for Academic and Professional Development. Journal of Karnali Academy of Health Sciences. 2021; 4(1)
	Received: 12 April 2021 Accepted: 28 April 2021 Published Online: 29 April 2021
	Source of Support: Self Conflict of Interest: None
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community people. Participation, however, is defined by different actors in different ways. Irrespective of wider acceptance of the notion of 'participation in development process', outsider experts and local elites control the decision-making power in most participatory exercises. When all stakeholders work cooperatively throughout the decision-making process and people are empowered to control the action to be taken, only then can there be genuine participation.⁵ CBL fosters a learning environment for health science students to realize the importance of people's participation in community health diagnosis to occur appropriately.

Health Science students, as facilitators, should be capable enough to facilitate field exercises properly for people's genuine participation. Communication plays a vital role to generate appropriate coordination between the outsiders and the local people in order to understand the local realities as well as to think and plan for the betterment of the community. However, the community consists of people from different caste and ethnic groups, different language users, different well-being categories, and different education statuses, different levels of exposure and many other differences and diversities. Only one model of communication, therefore, does not work to generate participation of people with different backgrounds. The development facilitator's role is crucial to organize interactions and create a dialogue between people with various backgrounds. Robert Chambers⁶ emphasizes the need for 'role reversal' for participation to take place appropriately in such context. He suggests that development workers (health professionals in our context) listen and learn from the local people rather than teaching them development.

The emergence of various participatory approaches and methods has contributed health professionals to learn actual health situations at the community level with active engagement of community people in the health diagnosis process. For instance, participatory rural appraisal (PRA), now widely known as participatory learning and action (PLA) is an effective method which enables local people

to play an active and influential role in decision-making process which affects their lives and condition. This method is used in the community diagnosis process for assessment and analysis of health issues as well as to promoting community participation in planning for health development. Medical and public health students can apply various tools of PRA/PLA which helps even marginalized people to participate in the health system analysis and plan for the change.

Many students who have gone through 'participatory community health diagnosis' have asserted that they could not only fulfil the academic requirements but also could realize the importance of a community-based learning approach. Based on students' convictions, it can be said that Community based learning through Community Health Diagnosis is a milestone for health science students for academic and professional development. During their posting at community, they apply different measures to see, hear, smell, understand and feel the community. Visible positive changes towards knowledge attitude and behavior have been witnessed among the students after completion of the Community Health Diagnosis which proves that "Community is a big university and we can learn a lot through it"

Students must be aware of the society they live in. More importantly, they must understand socio-cultural determinants of health that will present a clear direction for the improvement of health in society. The young students of any country are a great asset. The future of any country depends upon its students. For this reason, in our context, all the health institutions intend to produce intelligent, dynamic and visionary students. All students must be aware of the society they live in. They must understand socio-cultural determinants of health that will provide a clear direction for the improvement of health in society. CBL, for this reason, is an essential teaching and learning strategy that provides this opportunity to students and helps a lot to become successful professionals in the respective fields. CBL has been adopted in the curriculum of MBBS, and BPH in TU, KU, PU and BPKIHS. Moreover, PAHS has combined the

CBL with PBL so as to strengthen its impact. Recently, Karnali Academy of Health Sciences has developed student centred community-based curriculum of MBBS, BPH, BMS, BNS with

adequate weightage on community health science. The Editorial Board of Journal of Karnali Academy of Health Sciences (JKAHS) is also providing space giving priority for community-based study.

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