

**Best Practices at MGIMS Sevagram**  
**Reorientation of Medical Education (ROME) Camp**

**1. Title of the Practice**

Reorientation of Medical Education (ROME) Camp to prepare medical students for role of primary health care provider

**2. Objectives of the Practice**

The ROME Camp is a two weeks residential camp conducted at a Rural Health Training Centre (RHTC). It is conducted at the beginning of the sixth semester for every batch of medical students with the objectives:

- To help students understand the primary health care system and other support systems available in the community in India.
- To expose students to the organization and functioning of primary health centres and to demonstrate the implementation of National Health Programmes
- To help students understand the effect of family and social environment in the etiology of diseases
- To orient students to managing illnesses with limited availability of resources
- To impart skills to students to conduct community health needs assessment through use of quantitative as well as qualitative methods

**3. The Context**

The aim of the MBBS programme is to create a basic doctor, who is able to provide primary health care. Unfortunately the medical education system in India has miserably failed in producing competent doctors who are able to do this. Several MBBS graduates join the health care delivery system immediately after completing their MBBS. Most are not equipped to don the role of medical officers in the primary health care (PHC) setting.

In 1977, the Re-orientation of Medical Education (ROME) Scheme was implemented throughout the country. To fulfill the objectives of ROME Scheme, MGIMS, Sevagram came up with the innovative idea of conducting a two-week camp for medical students. Although by 1984, the implementation of this scheme discontinued almost everywhere, MGIMS continues to implement the ROME Camp.

**4. The Practice**

The ROME camp is a two-week residential camp conducted at one of the rural health training centres of the Department of Community Medicine (DCM). The students stay at the centre and conduct clinical case studies, surveys for assessment community health needs and other activities in the villages of field practice area of the RHTC.

The camp curriculum focuses on primary health care and attempts to create conditions for students to gain hands-on understanding of the nature of rural health problems. The camp is an integrated approach to public health and clinical disciplines where the field clinics for students are arranged within the patient's house. For one week daily in the morning hours (9 am-12pm) faculty members from Medicine, Surgery, Pediatrics, Obstetrics and Gynecology, ENT and Ophthalmology visit the RHTC and clinical case presentations are made in the families from a nearby village. Attempts are made to acquaint budding doctors with the role of family, environment and culture on the origin, progress of the disease and treatment seeking behaviour.

Students are taken for exposure visits to various government health facilities, e.g. subcenter, primary health center, where they interact with health care providers. Discussions are held on the various roles of a PHC medical officer, importance and approaches for community mobilization and health promotion, management of health management information system etc. Interaction with District Health Officer and other District level Programme Managers are organized in which implementation of various National Health Programmes are discussed.

The students are given practical exposure to assessment of community health needs. After being trained in the methods of community health needs assessment, students identify some issues for community needs health assessment, develop plans, prepare tools, perform data collection, analyze data and present their final reports during the valedictory function.

During the ROME Camp, groups of students prepare health education materials for school children. These groups of students visit village schools and impart health education to school children on selected topics.

### **5. Evidence of Success**

We regularly collect feedback from students after the camp. Other methods have also been utilized time-to-time to evaluate these camps. In a force field analysis conducted on students immediately after completion of their ROME Camp, the main perceived factors

which helped students learn: were their exposure visits to primary health centre, sub-centre and Anganwadi centre (94.7%). They saw this as an opportunity to directly interact and learn from Auxiliary Nurse Midwives (ANMs) and Anganwadi workers (68.4%) (see Note 2). The other positive factors were facilitation of a workshop on Problem-Solving for Better Health (PSBH) (63.2%), interactive sessions of short duration (57.9%) and their participation in community needs assessment surveys on immunization coverage and an exercise on focus group discussion (52.6%). The main factors perceived to work against learning were the fewer interactive sessions within the knowledge-based theory teaching and the statistics used in these sessions (57.8%), the use of lengthy PowerPoint presentations in the lecture sessions (42.1%), and the overly-busy schedule (36.8%). The other problem students noted was that there was too little time given to Epi\_Info™ software.

## 6. Problems Encountered and Resources Required

The ROME Camp is organized at one of the rural health training centers at MGIMS, Sevagram. For a batch of 100 students, we have started organizing the camp at two places – Anji and Bhidi- simultaneously. The resources required for organization of the ROME includes the following:

- **Human resources:** Full support of staff at Rural Health Training Center (this includes Assistant Professor, Post-graduate students, Social Workers and ANMs) throughout the camp. Additionally, clinical specialists for conducting clinics in family environment, more faculty and post-graduate students from community medicine for workshops on community needs assessment, preparation of data collection tools, data collection and analysis.
- **Material resources:** The material resources required are:
  - Residential facility at Rural Health Training Center for organization of the camp, arrangement of a temporary kitchen for the camping students.
  - Classroom and additional space for group work at Rural Health Training Centers.
  - One vehicle to fetch clinicians and faculty members daily from our campus to the RHTCs. Additional vehicles are required on the day of survey for community needs assessment.

## 7. Notes

It is also important to understand Reorientation of Medical Education (ROME) Camp together with other curricular innovations at MGIMS, Sevagram.

