

Identifying subjects for community oriented medical education: a delphi study
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When medical and nursing schools started using strategies such as Community Oriented Medical Education (COME) and Community Based Medical Education (CBME) in their respective curricula, there was much hope of finally producing more doctors that will work in community and PHC setting. Unfortunately, this did not happen as exemplified by the more than 271 doctorless municipalities. Observers say that shifting to new strategies is not enough. There must also be a concomitant change in curricular content. It cannot be COME and CBME within a Flexnerian oriented medical curricula – it must be COME and CBME within a holistic medical curricula.

Through this Delphi research, subjects were generated which stakeholders think will make the medical curriculum more community-oriented and community-based, more holistic than Flexnerian. This was done without going through the usual 'endless territorial debates' (which curricular reform observers consider as major reason for the inability to come up with sweeping curricular reforms) but attaining high enough level of consensus as to suggested subjects' relevance and being taught status.

Using the Delphi technique, gaps in our curriculum were identified between what are intended, what are being taught, and what are being learned – and this is possible only when more stakeholders, especially recipients of educational transaction, are involved in curricular reform discussions. (Author's abstract)

Keywords: Medicine, Delphi technique, Consensus, Curriculum, Curricular reforms

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