



A Reflection on the Role of Community Medicine: Bridging the Gap from Classroom to Community

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Dear Editor-in-chief

Receiving the highest quality healthcare is a recognized right for all individuals in every society. Such care should be addressed at all levels of prevention, including primary, secondary, tertiary, and quaternary levels. The provision of preventive care at the primary and first levels is the most effective approach to maintaining and improving health, supported by robust documentation. Every health system should prioritize prevention programs. In Iran, the field of Community Medicine has been established to achieve these objectives. Its goal is to equip graduates with contemporary knowledge and technology to continuously measure, analyze, monitor, and assess health indicators, focusing on primary prevention by identifying and planning interventions to control risk factors for diseases at various levels: individual, population, and societal. This approach aims to reduce the burden of diseases (1).

However, many years after the establishment of Community Medicine in the country, no definitive role has been established for its graduates within society. Consequently, specialists in Community Medicine often find themselves working in unrelated positions and specializations, gradually distancing themselves from the philosophy and mission of their training. The Ministry of Health, Treatment, and Medical Education should develop employment opportunities tailored to the training these graduates have received (2).

Key Words: Community Medicine, Higher Education, Iran, Field.

*Please cite this article as: Bahreini A. A Reflection on the Role of Community Medicine: Bridging the Gap from Classroom to Community. Med Edu Bull 2024; 5(2): 941-44. DOI: **10.22034/MEB.2024.491246.1100**

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Received date: Mar. 25, 2024; Accepted date: Nov.12, 2024

Community Medicine, also known as preventive and social medicine, public health, or community health science, is a branch of medicine that encompasses the preventive, promotive, curative, and rehabilitative aspects of health within communities (3-5). Unlike clinicians who treat diseases, community physicians identify the underlying causes of disease and disability and implement large-scale solutions at the community level (6, 7). This branch of medicine aims to protect and promote the health and well-being of communities and populations through a Primary Health Care approach (1, 8).

Community Medicine analyzes the health needs of populations, measures their health status, and develops appropriate, technically feasible strategies to prevent and control diseases. It seeks to improve the health of populations through Health Promotion, Health Education, and Health Protection (5, 9).

The main objective of teaching and training in Community Medicine is to orient education and skills toward understanding the health problems of the community and to provide "care beyond cure" to patients within the broader context of family and community. This approach emphasizes practicing medicine holistically, taking into account the various dimensions and determinants of health (10, 11).

The first Community Medicine course in Iran was established at Shiraz University in the 1950s. Currently, eight universities of medical sciences are training specialists in social medicine across the country. The primary reason for launching this field was to prepare experts capable of managing health programs and health centers. In addition to clinical medicine skills, the curriculum focuses on enhancing community health management through training in areas such as management, epidemiology, statistics, demographics, and medical sociology, among others (12).

Community medicine focuses on prevention, specifically the prevention of diseases and adverse health events within society, which is the primary function of this specialized field (1, 13). Graduates can work in various health sectors, taking on roles such as those in prevention and health promotion clinics aimed at preventing disease occurrence and progression in patients. They are also responsible for preparing and compiling the necessary evidence and documentation to support cost-effective policies. Additionally, graduates can engage in the formulation and implementation of health programs (14).

The most important duties of a specialist in Community Medicine may include the following:

- *Identifying disease risk factors and facilitating early diagnosis, along with providing counseling to reduce these risk factors and improve the quality of life.

- *Delivering disease prevention services at the community level, which involves planning, implementing, and evaluating screening and immunization programs.

- *Managing and leading healthcare centers, as well as overseeing monitoring and evaluation within the health system. Assessing community health needs (1, 13).

Society is the primary audience of Community Medicine. Unlike traditional medicine and therapy, where patients are referred to a doctor, in Community Medicine, the doctor refers to the community as their audience. Therefore, a Community Medicine specialist must be well-versed in the issues and problems facing the community, including risk factors and the economic, cultural, and even political contexts that influence health. In this specialty, everything that affects people's health is of significant importance (15).

It is regrettable that we still lack a comprehensive understanding of the dimensions of Community Medicine in Iran. More than 30 years after the establishment of this field in the country and its initial revision in the 1960s, a defined role for its graduates in society has yet to be established. Even the Family Doctor Program has overlooked the skills and knowledge of this specialized group, confining them primarily to general positions and primary care. Other levels of healthcare, such as health centers, management of health facilities, and service monitoring and evaluation, do not fully utilize their potential to achieve health-related goals. As a result, Community Medicine specialists often find themselves transitioning to other jobs and specializations in different sectors, including education, research, colleges, and hospitals. This shift has adverse consequences; the entry of these specialists

into new fields limits job opportunities for professionals specifically trained in those areas, such as biostatistics, educational evaluation, educational planning, educational management, health education, medical education, epidemiology, and research. Ultimately, this situation can harm the Ministry of Health, negatively impact public health, and affect the country as a whole. Community Medicine specialists are compelled to work and teach in fields for which they are not adequately trained or do not possess sufficient knowledge and expertise (14, 16).

An examination of the Community Medicine curriculum reveals that students are generally trained in various topics, including common diseases, health indicators, school health, family planning, premarital health, health education, public health, the epidemiology of common diseases, environmental health and water pollution, and mental health. These study units encompass the broader field of community health and focus on the first level of prevention (16).

The official statement of the Third World Health Assembly in 1977, known as the Alma-Ata Statement, declared that in the coming decades, the primary social goal of governments and the World Health Organization (WHO) should be to achieve a level of health—physical, mental, and social—for all people, enabling them to enjoy an effective and productive life. Primary health services are fundamental to achieving public health goals based on community needs (17). An important recommendation from the WHO for medical education is to recognize the health-related needs of individuals and society (18). Therefore, universities of medical sciences should formulate their educational programs and goals accordingly and guide student education in this direction. In medical education, quality is achieved when students attain the desired competencies. In other words, educational programs should train individuals who are aware of the expanding scope of this field and possess sufficient knowledge, experience, and skills in their specialized areas (19).

With the ever-growing spread of diseases and social anomalies that affect people's lives, it is logical to pay more attention to Community Medicine in the formulation of health plans. Most mortalities in Iran are related to non-communicable diseases such as cancer, cardiovascular diseases, and diabetes. Community medical specialists can help prevent the spread and reduce the costs of treating these diseases by promoting a culture of prevention and early diagnosis within society, as well as through macro planning in the health system (14, 19). The mission of Community Medicine is to train competent health specialists who utilize modern knowledge and technology to continuously measure, analyze, and evaluate health indicators for a better healthcare system and the health of society, families, and individuals (1).

However, it appears that Community Medicine specialists are moving away from the philosophy and mission of their education by working in unrelated positions. The Ministry of Health, Treatment, and Medical Education is responsible for developing employment plans for graduates of this field according to their training and facilitating their return from the classroom to the community, which is the primary goal of Community Medicine (20).

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