Thrita Journal of Medical Sciences. 2013 September; 2(3): 38-9. DOI: 10.5812/thrita.9032

Published Online 2013 August 26. **Letter**

The Use of Rural Health Centers as Rural Education Centers: A New Direction for Medical Education in Developing Countries

Pezhman Bagheri [1], Hossain Faramarzi [2], Mahdi Moshki [3, *]

[1] Department of Education and Research, Jiroft University of Medical Science, Jiroft, IR Iran
[2] Department of Non-communicable Disease, Shiraz University of Medical Science, Shiraz, IR Iran
[3] Department of Public Health, School of Health; Social Development and Health Promotion Research Center, Gonabad University of Medical Science, Gonabad, IR Iran

*Corresponding author: Mahdi Moshki, Social Development and Health Promotion Research Center, Gonabad University of Medical Sciences, Gonabad, IR Iran, P. O. Box: 397. Tel/Fax: +98-5337229025, E-mail: drmoshki@gmail.com.

Received: November 07, 2012**; Revised:** December 24, 2012**; Accepted:** May 07, 2013

Keywords: Rural Health Services; Education, Medical

Dear Editor,

In 1995, World Health Organization (WHO) defined the accountability of medical colleges for community needs as: "Conducting education, research and services to meet the health needs and health priorities of the community, region or nation they are committed to serving it" (1). In order to address the gap between community needs and the curriculum of medical students, medical schools have approached to novel places for providing appropriate trainings for the next generation of physicians. To fill this gap, several strategies such as the Community-Based Medical Education (CBME) have already been deployed (2-4). In fact, traditional hospital-oriented methods have been unable to train committed physicians to serve underdeveloped regions in the era of clinical education (5). In this regard, several studies have indicated that only a small proportion of patients (less than 10%) are referred to hospitals and only about 1% of them are admitted. Accordingly, we would be unable to limit the provided clinical education to hospitals and in the meanwhile train competent physicians for serving remote areas (6).

In Iran, there are rural health centers that provide the most basic health services to the community. If the patient's problem persists or there is a need for specialized services, such patients are referred to higher level caring centers such as urban hospitals. These rural health centers may play an important and promising role in medical education. Medical students should shift from classes and specialized hospitals to rural health centers during the final years of medical school. Some students may spend some of their service time at clinics in less developed areas following graduation. Due to the different social, economical and environmental conditions, a variety of diseases occurs in rural areas. Such diversity of medical problems present an opportunity for medical students to expand their knowledge and integrate their previous trainings with what they learn in the field.

Another advantage of rural educational-health centers is that medical students may feel more liable about the underprivileged parts of their society. Unfortunately, the establishment of educational-health centers is not going to be simple and requires a targeted effort to address administrative, financial and humanistic barriers. A lack of trained educators at these centers and students' accommodation and transportation are some of the limitations that need to be overcome. More studies are needed to assess local conditions and different aspects of implementing this project.

It seems that it is time for a fundamental change in the clinical medical education curriculum to better prepare medical students for practicing at rural areas. Consecutively, establishment of such healthcare and educational centers may meet the standards for accountability of medical schools set by the WHO.

Implication for health policy/practice/research/medical education:
In developing countries, it would be beneficial to integrate the clinical training of the medical students' education. It seems, given high volume of basic health services, at the simplest and most basic level of health systems in developing countries alongside the close contact with various diseases can provide a good opportunity to integrate students' health education with clinical training in the field that benefits the development of medical education in the field.

Acknowledgements

The authors don't declare any acknowledgment.

Authors' Contribution

All the authors contributed in the writing and research work for this letter.

Financial Disclosure

The authors declare that they have no financial interests relating to the preparation of this manuscript.

Funding/Support

The authors don't declare any support source.

References

1. Worley P, Murray R. Social accountability in medical education--an Australian rural and remote perspective. *Med Teach.* 2011;**33**(8):654-8.
2. Afshari R, Bahrami A, Pishbin E, Taghian E, Mirfeyzi Z, Sarabadani J, et al. *Educational-therapeutic-hygienic Centers.* Mashhad: Omide Mehr press, 2011.
3. Maley M, Worley P, Dent J. Using rural and remote settings in the undergraduate medical curriculum: AMEE Guide No. 47. *Med Teach.* 2009;**31**(11):969-83.
4. Palsdottir B, Neusy AJ, Reed G. Building the evidence base: networking innovative socially accountable medical education programs. *Educ Health (Abingdon).* 2008;**21**(2):177.
5. Bolen C, Heck JE. Defining and Measuring the Social Accountability of Medical Schools. World Health Organization; 2000.
6. Hamad B. Community-oriented medical education: what is it? *Med Educ.* 1991;**25**(1):16-22.