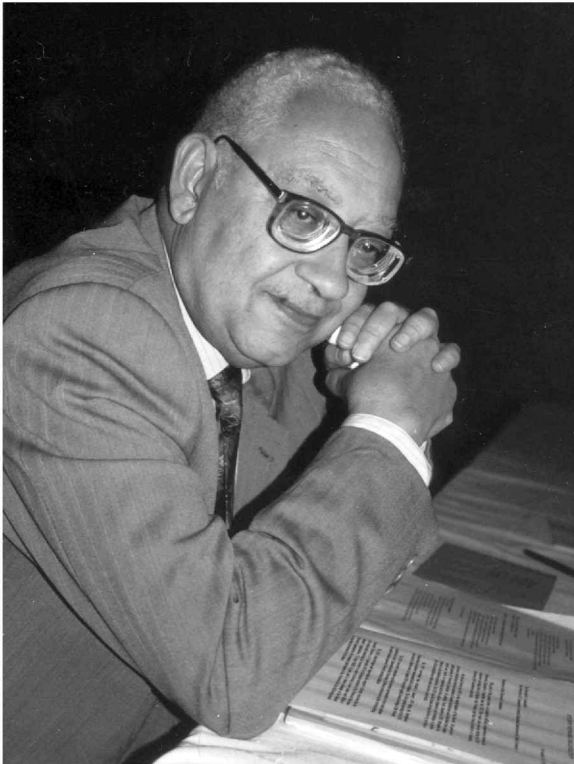


EDITORIAL

## **What Does “Community-Oriented” Mean Anyway? Some Thoughts on Zohair Nooman**



In the recent book on community-based education, Hamad (2000) spends considerable time on the difference between what is called COME (community-oriented medical education) and CBE (community-based education). He regards, as most others do, CBE as a subset of COME, the distinction in his words being “relevant medical education, which takes into consideration . . . the priority health problems of the country in which it is conveyed”. In italics he goes on to say, “Its aim is to produce community-oriented doctors who are able and willing to serve their communities and deal effectively with health problems at primary, secondary, and tertiary levels . . .” Of course, that all begs

the question: what is a community? To address this problem Hamad quotes Salih (1981), who, in turn, mentions the definition of Duchle, “A group of individuals and families living together in a defined geographical area, usually comprising a village, town, or city”. There are many other definitions of “community” of course, and, in fact, the one quoted leaves out many forms of “community” as we know it. The definition that I would offer to the many is the following: “A community exists when people care for each other”. Community-oriented health professions education, then, is an education in which, along with other important skills, the graduates act in a caring way.

Fülöp has written and talked frequently about relevance. He isn’t so concerned about educational technique, as he is concerned with relevance, which to him means an education that prepares graduates to care about their community and act. Boelen, an honorary member of The Network: Community Partnerships for Health through Innovative Education, Service, and Research, writes and talks frequently about social accountability. In a recent piece by Boelen and Heck (1995), published by the World Health Organization, they define “social accountability” as “... the obligation to direct (a medical school’s) education, research and service activities towards addressing the priority health concerns of the community, region, and/or nation they have a mandate to serve”. In my words a school should graduate practitioners who care. It is also apparent that Magzoub (1996, 2000) is concerned about relevance by which (again, in my words; I have summarized much of his writing) he means that health professions schools should teach caring for community. It is one of a medical school’s primary responsibilities.

The question then becomes, how does one teach caring about community? For me, education is not so much about the acquisition of facts and how one does that, although that’s very important, as it is about the acquisition of values—socialization, if you will. We teach such important things through the process of “role modeling”. It’s not so much, then, what is to be taught as where it is to be taught and by whom. By learning from teachers who care and by avoiding putting learners and teachers in a system that does not care one teaches caring! Simple as that.

Zohair Nooman knew about caring and he set about in his life work to care about others—his patients, his students, his faculty, his city, his region, and his country. In other words, how does a Dean teach a student how to wash walls—you just wash walls! And role model he did. With humility and grace. Of course a school must have caring teachers and settings. It must have a curriculum, a reward system, an admissions policy and a procedure for assessing the students and the program. It must have an organizational structure, and policies and procedures. And, of course, a school must have an organizational culture. However, in all of these things and more, one has to have a vision. He had one—to care about the people of the Sinai and the world. Certainly he was a good politician (you can’t be an effective Dean and not be an effective

politician) but throughout it all he had a fundamental value that was known to all—help the people by being in the community helping the people. There are many examples of his caring and concern but one stands out for me. He was against the building of a university-controlled hospital. Such a building, he thought, would isolate the students and the faculty from the health care concerns of the people. So, he was against it with all of the consequences of being against it.

When I first got acquainted with Zohair Nooman I used the words of a great American philosopher, who also happened to be a writer of children's books, Shel Silverstein, to make a point. Silverstein (1981) said, "who's going to polish the stars?" Zohair's answer—we will! And all the students and faculty members and community members knew it. It's no accident that an international organization now known as "The Network: Community Partnerships for Health through Innovative Education, Service, and Research" chose him as their leader. It was no accident that when he was asked to describe his feelings for The Network he said that community is a calling and PBL and CBE are educational approaches—all being important, all of which he espoused. Later in this issue of the journal Henk Schmidt, who worked with Zohair Nooman for many years, writes about his innovative approaches, for Zohair was a doer first and a writer of what he was doing second. Also in this issue, one of his longtime friends and a previous member of the Suez Canal University, Hossam Hamdy, writes his thoughts about Zohair Nooman. Near the end of his commentary, Hossam Hamdy writes about our feelings and our personal sorrow. Indeed! We have lost a leader, a visionary. I have lost a good friend.

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