

BRIEF COMMUNICATION

Experiencing Service Learning: Students of a New Medical School as Vaccinators and Independent Monitors

ASIM ABDELMONEIM HUSSEIN & ABDELMAGID OSMAN MUSA

Department of Community Medicine, Faculty of Medicine and Health Sciences, International University of Africa, Khartoum, Sudan

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“No conscientious doctor in Africa could afford to isolate himself from the special needs and circumstances of community health any more than he can afford to isolate himself from Africa as a whole” (King, 1966). Understanding the pressing needs for building new partnerships and linking the medical schools much more closely with the world outside their walls are highlighted (Boelen, 1993). The time has come for the community to be the physician’s workplace (Blacklow *et al.*, 1993). Evolving concepts like service learning, defined as “a learning methodology combining service with explicit academic learning objectives, preparation and reflection” (Community Campus Partnership for Health, 2000) and its explosion as a teaching methodology in higher education have generated increased awareness of its relevance for students all over the world (Reams, 1993).

The aim of this Brief Communication is to show our experience in service learning. Its objectives included a house-to-house search for children under five, performing polio vaccinations, vitamin A supplementation and monitoring already-conducted vaccinations.

The new medical school of the International University of Africa is leading a community approach. Its curriculum fosters an early exposure of students to community health problems. Our curriculum’s learning objectives state that the faculty should have an active and early role in the planning and implementation of health services and in the adoption of the health area and primary health care system at the state level. Students should have

Author for correspondence: Dr. Asim A. Hussein, PO Box 1937, Khartoum, Sudan. Tel: 00249012392691 [mobile]. Fax: 00249-11-22384. E-mail: husseinasim52@hotmail.com

supervised learning through participation in preventive, diagnostic and curative services.

The latest National Polio Eradication Campaign posed such an opportunity. Medical students in semesters 4, 5 and 6 involved in the Primary Health Care Centers and Family Attachment Module were enrolled in the campaign as vaccinators and independent monitors.

The Global Polio Eradication Initiative launched at 1989 reduced the burden of polio by over 99% from an estimate of more than 350,000 cases in 1988 to only 1,919 in 2002 (WHO, 2002). In Sudan out of 371 suspected cases of Acute Flaccid Paralysis during 2002, only one was confirmed to be polio. Nationally 79.9%, 68.6% & 64.3% received 1st, 2nd, and 3rd Oral Polio Virus vaccine doses respectively through routine vaccinations at that year. The national immunization days of October–December 2002, scored a national coverage of 99.6%, Khartoum State reporting 96.6% (Federal MOH, 2002).

Participation of medical students in immunization days was considered a service and training opportunity. It expanded the know-how capacity for community and needs assessment surveys, familiarizing with disease surveillance and control programmes, and conjointly allowing vitamin A administration (WHO, 2003).

Following an orientation addressing the campaign and its objectives, 190 students received a brief training on vaccination and Vitamin A implementation and on the importance of communication with mothers and children. Students were assigned as vaccinators or independent monitors and were informed about the areas to be covered.

Five residential areas were assigned. Two were relatively new first class residential areas, and three were third class densely populated lower socio-economic status areas. Khartoum State health authorities provided vaccines, vaccine carriers, necessary cooling equipments, vitamin A tablets, standard monitoring forms, transport and necessary logistics and meals during the days! A total of 4057 houses were visited: Vaccinators visited 2742 houses and vaccinated up to 4500 under-fives for polio and provided vitamin A with a coverage of almost 100%. Only two families refused vaccination and 566 were vaccinated for the first time (13.9%). The independent monitors visited 1315 houses out of the targeted 1560 (84%), while 245 (16 %) were not visited or the families were not found at the time of visit.

The vaccinations in the first class areas reported one of the highest vaccination rates ever in the State, as compared with the independent modules.

The experience, besides exemplifying the need for further commitment and cooperation between service partners and faculty, was also useful and exciting to our students. As one female student expressed: “It is only now that I have understood how the cold chain system works!” another said: “My feeling that I was so close to the community, to the children and their mothers gave me a sense of confidence, usefulness and learning inspiration not felt before”.

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