

Weighing Up the 2010 Calasiao Summer Immersion

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ABSTRACT

Four students of the UP-CM Regionalization Program had their 2010 summer immersion at Calasiao, Pangasinan and thereupon, reflected on their learning and experiences significantly enlightening them and clearing out misconceptions they had regarding health units and workers in the community.

Key Words: University of the Philippines, regionalization, reflections

Introduction

Allin and Turnock¹ wrote that, *'the image of looking at oneself in a mirror, suggested by the word, means that it has implications of being conscious of what one is doing.'* Rowntree² praises the reflective student who thinks about her own experience of studying and decides what changes of approach might be most suitable.

If we consciously reflect, maybe as part of our work role, there tends to be a rough process of *'How did it go? What went well? Why? What didn't? Why? What next?'* In this kind of structured reflection, the aim is to look carefully at what happened, sort out what is really going on and explore in depth, in order to improve, or change something for next time. Reflecting on your learning, and as part of your learning, can help you take an objective view of your progress and see what is going well and what needs working on. Whatever form your reflection takes, it should initially involve you examining your feelings about an experience, then identifying areas to develop and starting to think about ways to do this.³

Thus too, the Regionalization Program (RP) students and their Municipal Health Officer (MHO) preceptor reflected upon their 2010 summer immersion weighing up their experiences and learning.

Methods

The RP group was composed of four students from the first and second year levels (Class 2013 and 2014) of the University of the Philippines-College of Medicine (UPCM), who spent their 2010 summer immersion at Calasiao, Pangasinan, mainly in *Barangay* Bued, exploring the health situation and problems of the community, and linking with the community health workers and local people. Thereupon, they and their community preceptor reflected on their learning tasks and experiences, and why the learning was different or unique because it was happening with them in the workplace.

Reflections

1. By the RP Students

Misconceptions

The immersion turned my view on the health care system of the Philippines a hundred and eighty degrees. Before immersing myself in the community, my concept of the *Barangay* Health Unit (BHU) and the Rural Health Unit (RHU) was totally negative. I thought that BHUs and RHUs were nothing but infrastructures that did not serve their purposes. Moreover, I had always wondered before what the *barangay* health workers (BHWs) and the midwife did all day if there were no patients to attend to. I was under this impression that people from the *barangay* did not frequently consult their BHU since the RHU had the doctors (and people would rather go there) and I had this notion that doctors were the only competent health care providers and that the BHU delivered inferior health services as compared to the RHU. I thought that the only program carried out at the *barangay* was immunizations. But after the immersion, I realized that I was so wrong. At the start of first year medical school, I did get a chance to experience the health programs and services of my town's Municipal Health Unit (MHU) since it was one of our very first home assignments but it was through this immersion that I got to probe more on the status of our Philippine health care system at the *barangay* level. One by one, my misconceptions about the *barangay* health units were debunked. I saw the programs

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not just in paper but in action. I was pleasantly surprised that the BHU was actually able to carry out majority of the health care services and programs of the RHU (not just immunizations as I originally thought) and competently too. It was nice seeing a lot of people consult and avail of the programs of the BHU and I was out of words to describe the extent of knowledge their BHW's and midwife have in terms of medical services and health status of people in their community. I now see BHWs and midwives in a different light. They are not inferior to doctors as I previously thought. They are important members of the health care system, for without them, the services would not effectively reach the people. They work hand in hand with doctors and other medical care providers in giving competent health care and they are, again, vital to the operation since they are the ones who know the community's needs very well.

Devolution of Health Care System

I also saw how the devolved system of the health care system works, and for me, it is ineffective. From what I understand, in the devolved system, programs implemented in the *barangay* are the ones which have the highest demand in the municipality. Thus, health cases are prioritized leaving the rare health cases unattended since the budget was allocated solely for the prioritized programs.

Doctor as Educator and Social Mobilizer

The immersion also opened my eyes to the importance of the doctor as an educator and a social mobilizer. Being in the forefront of innovation in the health care system in the country and society, is both a privilege and a responsibility - a privilege because doctors, along with other people in high seats, have the power to trigger change and affect millions of lives; a responsibility because doctors have to use this power carefully so as to assure improvement of the quality of life of our people and not to further burden them.

The public health lectures were one of my favourite activities. I never really liked teaching, but this activity showed me the importance of being an educator as a medical practitioner. If we want improvement in our health situation, it is important to impart knowledge to our future patients and not just treat their diseases, because we can't be there for them all the time. In our case, we were only given several days to be with them, and after we leave, it is up to them to share what we have taught them to the other people in the community. This was also an opportunity to correct any medical misconceptions they might have that may also contribute to the reason why some diseases and illnesses are not responded to properly. If we taught what was right, then they will also teach what is right.

Public health lectures this year was different from last year because we used *cartolina* and Manila papers compared to when we used the LCD projector. We realized that by doing it the old way, we were more versatile in terms of

location. Also, we were able to stress the most important points since we were just supposed to write these points. In a PowerPoint presentation, one can add additional information which will make the lecture longer with information overload. Furthermore, we were able to budget our time wisely since the lectures were concise but informative.

Teamwork

This year I told myself to expect a lot in this summer immersion. Not only was I more excited about the activities that were laid out, I was even more thrilled to think that we, now as a bigger group, had come up with a common goal that might have a bigger impact in the community. And no matter how many health lectures we had this year, how much data we have gathered from each of the households we visited, and how many brochures we have handed out to anyone we met in the community, it was the trust the people of Bued have for us that would make an impact on their lives. That was why it was really important to be one *with* them, even for just a short period of time. This was the most important message that I have learned from this year's summer immersion.

This year's immersion was conducted as a group, implanting a deeper sense of camaraderie in us. Work was distributed and everybody participated well. More insights and opinions were heard which made the experience more productive.

"Iskolars ng Bayan" (Scholars of the Country)

We do believe in the Regionalization Program and its summer immersion program as good representation of what a UP medical student should be - community-oriented, striving for the development of Philippine society and serving the underserved. This immersion experience brought out in us the willingness to serve our community. It made us realize that we want to serve our province and people. Summer immersion made us identify existing and potential health problems in the community, which when properly addressed, can help the people immensely. We believe that as *iskolars ng bayan*, we have the moral obligation to bring back to the people what we owe them—our service. This experience, along with the new insights we have learned this year, have instilled in us a better realization of this moral obligation.

2. By the Municipal Health Officer-Field Preceptor

This is the second year of our community's participation in the RP of the UPCM. It is always a good opportunity to meet our future physicians. The experience is a welcome development in our thrust in improving our local health care delivery system and looking for health education activities coming from different perspectives, youthful and clear-cut, to be able to enhance our own system. The immersion

program was conducted in a specific *barangay* community of our locality, but whatever inputs we had then, we tried to apply to all the other areas in our municipality.

At the onset, I already noticed the group's good working relationship and their enthusiasm to perform well in their tasks. Most of our records were consolidated reports and it will be required of them to do some work in order to focus only on the data representative of their adopted community. The group was able to finish their immersion without any problems.

The survey that was conducted by the group brought about the awareness regarding certain health behaviours and health-seeking patterns among our population. Our office undertook several measures to address these concerns, but the survey last year and this year showed similar results, meaning that our office have to work harder or devise a new approach in addressing these problems.

The group conducted their immersion lively and straightforward; they adjusted well with the demands of dealing with different attitudes and behaviour of the local populace and this, I believe are traits that can make the group better prepared for community health service, if eventually they will choose this path of medical field.

One particular statement, "*anta day ibabaga da...*" ("they know what they are talking about...") from the local people, truly reflected the capability of the group in rendering public health education, which was much appreciated.

This group of RP students, in a very short period of time, was able to make a positive impact on the health consciousness of their adopted community. Their individual skills, work ethics, cooperation and dedication contributed greatly to their group's successful immersion in Bued. The group adhered to the tenets of the Regionalization Program – Community Oriented Medical Education of the UPCM. The group did a very satisfactory performance in their summer immersion in our community.

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