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Exam Preparatory Manual for Undergraduates

Community Medicine (PSM)

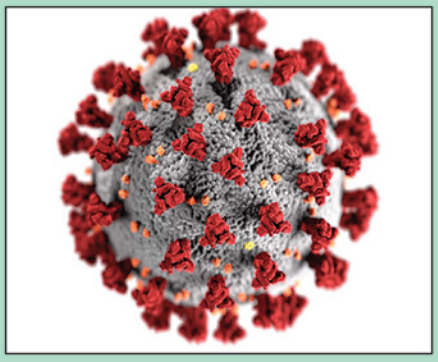
As per the Revised Competency-based Medical Education Curriculum (NMC)

5th Edition

Highlights

- Incorporates the most recent updates in epidemiology up to the year 2025
- New Section on COVID-19, COVID-19 Vaccines, Geriatrics, Recent Advances
- New Updated Guidelines and Topics in Public Health
- New Health Programs, Policies, Legislations, Schemes and Initiatives
- An Updated Compilation of Public Health Statistics
- Questions, Viva Voce, Spots, Exercises, Images, Diagrams, Tables
- Recent Advances in Public Health/Community Medicine







Vivek Jain



Genuine?
Scratch, Scan & Validate

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CHAPTER 16

Health Education and Communication

Competency-based Undergraduate Curriculum Questions

CM1.6 Describe and discuss the concepts, the principles of health promotion and education, IEC and behavioral change communication (BCC).
CM1.9 Demonstrate the role of effective communication skills in health in a simulated environment.
CM1.10 Demonstrate the important aspects of the doctor patient relationship in a simulated environment.
CM4.1 Describe various methods of health education with their advantages and limitations.
CM4.2 Describe the methods of organizing health promotion and education and counseling activities at individual family and community settings.
CM4.3 Demonstrate and describe the steps in evaluation of health promotion and education program.

HEALTH COMMUNICATION

1. Communication Process (Fig. 16.1)

- Communication process: Process of exchanging ideas, feelings and information
- Components of communication process:
  - Sender (source)
  - Receiver (audience)
  - Message (content)
  - Channel(s) (medium)
  - Feedback (effect)

2. Channels of Communication

- Description: Chanel or media is the physical bridge of communication between sender and receiver
- Types of channels of communication:
  - Interpersonal channel:
    - Face-to-face/One-to-one communication
    - Advantage: Most effective channel of health communication
    - Example: Medical officer OPD at primary health center

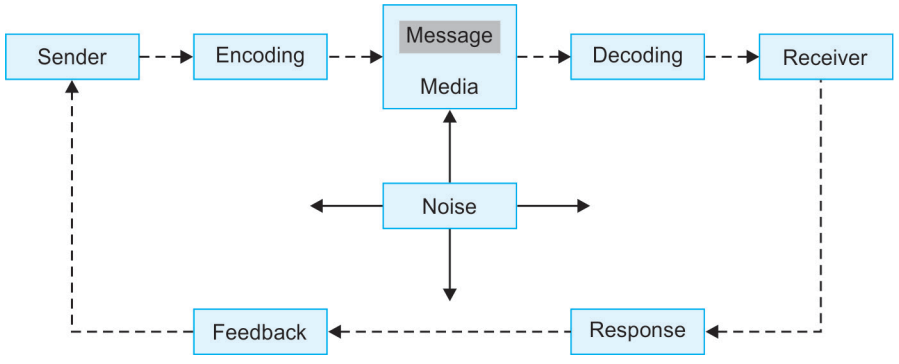

Fig. 16.1: Communication process.

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- Mass media channel:
  - TV, radio, printed media
  - Advantage: Reach a relative larger audience in short time
  - Disadvantage: Poor feedback mechanism, ineffective in changing behavior
- Folk media:
  - Example: *Nautanki, Harikatha, Burrakatha*
  - Advantage: Close to cultural values of population.

3. Barriers to Communication

- Physical/environmental barriers: Cause discomfort to audience
  - Noise, heat, cold, poor light, poor visibility, humidity, poor seating
- Psychological barriers:
  - Illiteracy, ignorance, mistrust
- Cultural barriers:
  - Scant respect for customs, beliefs, practices
- Technical barriers:
  - Inappropriate selection of media, non-local language, in adequate projection, concealment of information.

TYPES OF COMMUNICATION

1. One-way Communication vs Two-way Communication

- One-way communication (Didactic method): Flow of communication is one way—from communicator to audience
  - Disadvantages of one way communication:
    - Knowledge is imposed and learning authoritative
    - Little audience participation and no feedback
    - Does not influence human behavior
    - Makes no attempt at removing misconceptions and misunderstandings
    - Communicates message even if unintelligible or unacceptable
    - Autocratic process
  - Examples of one way communication:
    - Lecture method (Chalk and talk method)
    - Television
    - Radio
    - Newsprint
- Two-way communication (Socratic method): Two way communication in which both the communicator and the audience take part
  - Advantages of two way communication:
    - Active participatory and democratic process
    - More likely to influence human behavior
    - Better audience participation and feedback
  - Examples of two way communication:
    - Focus group discussion (FGD)
    - Symposium
    - Panel discussion

Didactic Communication vs Socratic Communication

	Didactic communication	***Socratic communication***
Type of communication	One-way, uni-directional	Two-way, bi-directional
Type of process	Autocratic, authoritative	Democratic, participatory
Nature of communication	Passive	Active
Conceptual basis	People are ignorant, inexperienced	People are intelligent, knowledgeable
Views held	People have no beliefs, feelings, interests, attitudes	People have beliefs, feelings, interests, attitudes

Contd...

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Contd...

	Didactic communication	*Socratic communication*
Message communication	Even if unacceptable to listeners	Intelligible, acceptable to listeners
Listeners' feedback	Discouraged	Encouraged
Misconception removal	Absent	Present
Behavior change	Failure	Successful
Desirability for health education	Absent	Present

2. Verbal Communication vs Non-verbal Communication

- Verbal communication: Face-to-face communication
  - Advantages of verbal communication:
    - May be loaded with hidden meanings
    - Persuasive
- Non-verbal communication: Indirect interaction
  - Advantages of non-verbal communication:
    - Silence speaks louder than words

3. Other Types of Communication

- Formal communication: Follows line of authority
- Non-formal communication: Grape-vine communications
  - Advantages: May be more active than formal channels
- Visual communication: Comprises charts, graphs, pictograms, tables, maps, posters.

METHODS OF COMMUNICATION

Individual level methods	*Group level methods*	*Community level methods*
• Interpersonal method • Home visits • Personal letters	• Lecture • Demonstration • Focus group discussion • Panel discussion • Symposium • Workshop • Seminar/conference • Role play • Debate/brain-storming • Delphi method	• Television • Radio • Newsprint • Posters/charts • Printed material • Health exhibitions/melas • Folk methods

1. Chalk and Talk (Lecture) (Fig. 16.2)

- For effective communication through lecture method:
  - Group size should be <30
  - Talk duration <15–20 minutes
  - Combine with flip charts, flannel graphs, exhibits, films and charts
- Advantages of lecture method:
  - Most economical method
  - Information transfer in a short time to a large group
  - Less preparation and minimal resources
- Disadvantages of lecture method:
  - Learning is passive; does not motivate
  - Suitable only for small groups
  - Students are involved to minimal extent
  - Do not stimulate thinking or problem solving capacity
  - Comprehension and retention varies with student
  - Health behavior of listeners not necessarily affected.



Fig. 16.2: Lecture.

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2. Demonstrations (Fig. 16.3)

- Definition: Is a carefully planned presentation to show how to perform a skill or procedure
- Method: Demonstrator carries out step-by-step in font of an audience and involves them
- Advantages:
  - Dramatizes by arousing interest
  - Persuades onlookers to adopt
  - Upholds principles of 'seeing is believing' and 'learning by doing'
  - Can bring desirable changes in behavior
  - High motivational value
- Utility:
  - Environmental sanitation (hand pump installation, use of sanitary latrine)
  - MCH (ORS technique)
  - Control of disease (Scabies)

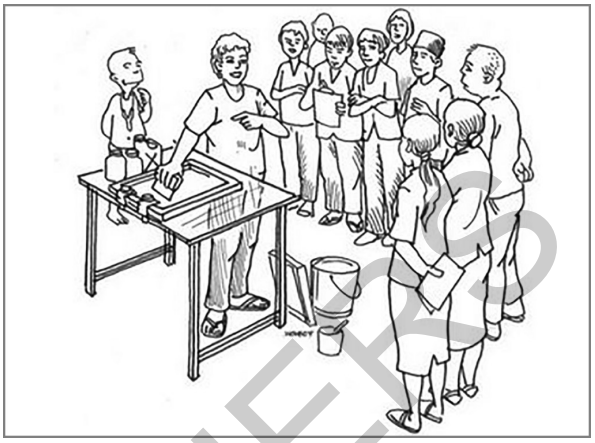

Fig. 16.3: Demonstration.

3. Group Discussion (Fig. 16.4)

- Description: A group is an aggregation of people interacting in a face-to-face situation
- Advantages of group discussion:
  - A very effective method of health communication
  - Well conducted group discussion is 'effective to change health behavior and attitudes'
  - Permits learning by free exchange of ideas, knowledge and opinions
  - Provides a wider interaction among members
  - Valuable to ensure long-term compliance
- Ensuring an effective discussion:
  - Group size of '6–12 members', including
    - 1 group leader: Initiates discussion, helps discussion in a proper manner, prevents side conversations, encourages everyone to participate and sums up the discussion
    - 1 recorder: Record, report on issues discussed and agreements reached
  - Rules to be followed:
    - Listen to what others are saying
    - Express ideas clearly and concisely
    - Do not interrupt when others are saying
    - Make only relevant remarks
    - Accept criticism gracefully
    - Help to reach conclusions
- Limitations of group discussion:
  - Unequal participation: Those shy may not take part in discussion while some may dominate the discussion
  - Some may deviate from the subject and make the GD irrelevant or unprofitable.



Fig. 16.4: Focus group discussion.

4. Panel Discussion (Fig. 16.5)

- Features of a panel discussion:
  - '4–8 persons' who are qualified to talk about the topic sit and discuss a given problem/topic in front of a target group or audience
  - Panel comprises,
    - A chairman or moderator
    - 4–8 expert speakers
- Method of panel discussion:
  - The chairman introduces topic briefly and invites panel members to speak
  - There is 'no specific agenda, no order of speaking and no set speeches'
  - The success of panel depends on chairman; he makes it going and provides train of thought



Fig. 16.5: Panel discussion.

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- After speakers explore the topic, audience is invited to take part
- Panelists may have to have a preliminary meeting and prepare the material on the subject

❖ Advantages of a panel discussion:
- Flexible, spontaneous; better understanding of various aspects, keeps audience alert
- If properly planned and guided, panel discussion can be 'an extremely effective method of education'

❖ Disadvantages of a panel discussion:
- Needs a thorough planning and preparation in advance
- Panelists need to be of sufficient experience
- Audience is usually passive.

5. Symposium (Fig. 16.6)

❖ Features of a symposium:
- A series of speeches/lectures on a selected subject
- Each person or expert presents an aspect briefly
- There is no discussion among symposium members
- Audience may raise questions in the end
- Chairman makes a comprehensive summary at the end of symposium
- In an ideal symposium, there is no discussion in between presentations of speakers

❖ Advantages of a symposium:
- Transfers concise information to audience at one time
- Audience remains alert (frequent change of speakers)
- Analysis of different aspects of a topic at one time
- Good tool for integrated teaching

❖ Disadvantage of a symposium:
- No discussion during symposium (Q and A at end)

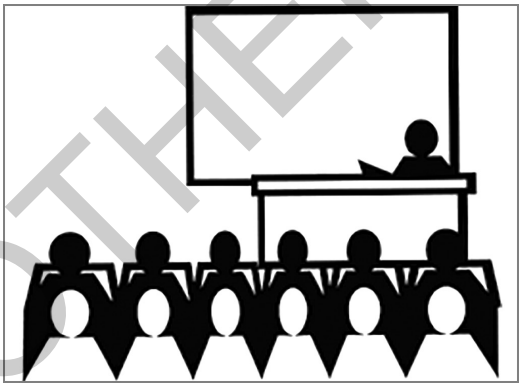

Fig. 16.6: Symposium.

6. Workshop (Fig. 16.7)

❖ Features of workshop:
- A series of meetings usually >4
- Emphasis is on individual work within the group to impart training
- Help sought from consultants and resource personnel
- Total workshop may be divided in to smaller groups; each group will choose a chairman and a recorder
- Individuals solve a problem through personal effort with help of consultants, contribute to group work and group discussion and leave workshop with concrete suggestions and a 'plan of action' on problem

❖ Advantages of workshop:
- Learning takes place in a friendly, happy and democratic atmosphere, under expert guidance
- Provides each participant an opportunity to improve his effectiveness a s a professional worker

❖ Disadvantages of workshop:
- Needs a lot of baseline ground work
- Benefits a small no. of people.



Fig. 16.7: Workshop.

7. Role-Playing (Socio-drama) (Fig. 16.8)

❖ Features of role-playing:
- Situation is dramatized by a group
- Group enact as if they have observed/experienced it
- Audience not passive; actively concerned with drama; can suggest alternative solutions at request of leader
- Followed by discussion of the problem
- Ideal size of the group: 25



Fig. 16.8: Role play.

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- Advantages of role-playing:
  - Useful to discuss problems of human relationships
  - Useful educational device for school children.

8. Conferences and Seminars (Fig. 16.9)

- Features of conferences and seminars:
  - Contains a large component of commercialized continuing education
  - Usually held on a regional, state or national level
  - ½ day to 1 week in length
  - May cover a single topic in depth or be broadly comprehensive
  - Use variety of teaching formats: Self-instruction to mass media.



Fig. 16.9: Conference.

9. Audio-visual Aids (Fig. 16.10)

- Audio-visual aids: No health education can be effective without audio-visual aids.
- Auditory aids: Radio, cassette tape-recorder, microphone, amplifier, earphone, public address system, disks
- Visual aids:
  - Not requiring projection: Chalk-board, leaflets, posters, charts, flannel graph, exhibits, models, specimens, diagrams, photographs
  - Requiring projection: Slides, filmstrips, overhead projector, epidiascope
- Combined A-V aids: Television, sound films (cinema), synchronized slide-tape combination, multimedia, videotape system, drama, skits.

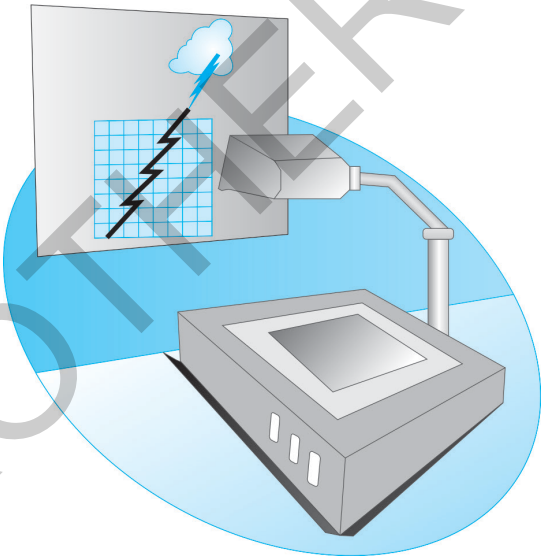

Fig. 16.10: AV aids.

10. Delphi Method (Fig. 16.11)

- Delphi method: Is a 'systematic interactive forecasting method' for obtaining consensus forecasts from a panel of independent geographically dispersed experts
- Method:
  - Carefully selected experts answer questionnaires in two or more rounds
  - After each round, a facilitator provides an anonymous summary of the experts' forecasts from the previous round as well as the reasons they provided for their judgments
  - Thus, participants are encouraged to revise their earlier answers in light of the replies of other members of the group
  - Range of the answers decrease and the group will converge towards the 'correct' consensual answer
  - Finally, the process is stopped after a pre-defined stop criterion (e.g. number of rounds, achievement of consensus, stability of results) and the mean or median scores of the final rounds determine the results

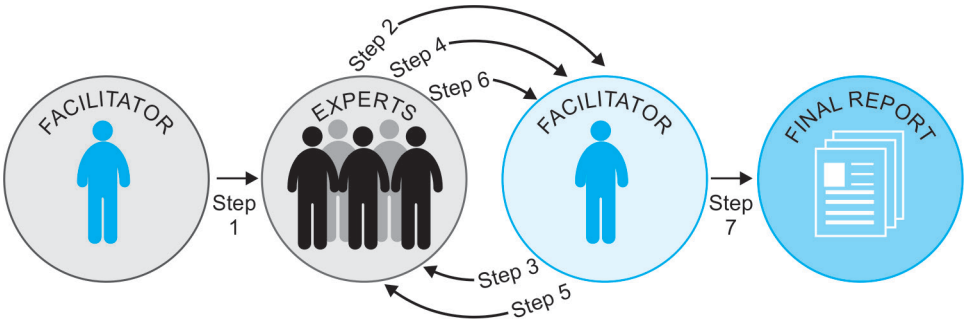

Fig. 16.11: Delphi method.

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- The objective of most Delphi applications: Reliable and creative exploration of ideas or the production of suitable information for decision making.

11. Counseling (Fig. 16.12)

- Definition: Counseling is face-to-face communication through which a person is helped to make a decision or solve a problem
- Counseling helps clients make informed choices
- Counseling is different from advice: In counseling, 'choice is given to clients'
- Elements of counseling: (**GATHER** approach)
  - **G:** Greet the clients (make them comfortable, give attention)
  - **A:** Ask/ascertain needs/problems or reasons for coming
  - **T:** Telling different methods/options/choices to solve the problem
  - **H:** Help client to make voluntary decisions
  - **E:** Explain fully the chosen decision/action/method
  - **R:** Return for follow-up visit
- Gather approach can be used for counseling about contraceptives



Fig. 16.12: Counseling.

Advice vs Counseling

	Advice	***Counseling***
Description	Guidance or recommendation regarding a decision or course of conduct	Face-to-face communication through which a person is helped to make a decision or solve a problem
Nature of method	Judgmental	Non-judgmental
Approach	Unidirectional directives	Bi-directional, problem-solving
Process	Passive, autocratic	Active, democratic
Choice to clients	Absent	Present
Relationship	Short-term	Long-term
Types of questions	Closed-ended	Open-ended
Solicitation	Absent	Present
Review	Absent	Present

(*Source:* Table created by © Dr Vivek Jain 2022–23)

DOCTOR-PATIENT (D-P) COMMUNICATION

1. Introduction

- Doctor-patient communication has a pivotal clinical function in building a therapeutic doctor-patient relationship, which is the heart and art of medicine
- Ultimate objective of any doctor-patient communication: To improve the patient's health and medical care.

2. Fundamental Functions of D-P Communication

- Foster healing relationship
- Ask and exchange information
- Respond to patients' emotions
- Manage uncertainty
- Make informed decision
- Enable patient self-management

3. Benefits of a Good D-P Communication

Benefits for the doctor	***Benefits for the patient***
• Accurate assessment of patients' needs, expectations • Regulation of patients' emotions • Lesser complaints of medical malpractice • Higher job satisfaction • Reduced work-related stress, and burnout • Higher patient agreement, participation in treatment	• Higher patient satisfaction levels • Higher recovery levels • Reduced duration of hospital stays and costs • Enhanced psychological adjustments and mental health

(*Source:* Table created by © Dr Vivek Jain 2022–23)

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4. Levels of D-P Communication

- Intellectual level: To reduce social distance between a doctor and patient's intellect
- Emotional level: Sympathetic hearing leads to better rapport formation
- Cultural level: Understanding the cultural and social milieu of the community.

5. Types of D-P Communication

- Default type: Both doctor and patient do not have focus on treatment/management
- Paternalistic type: Doctor is domination in the communication
- Consumeristic type: Patient has paid for the services so treated as a consumer
- Mutualistic type: Both doctor and patient jointly involved in decision making reading the medical management.

HEALTH EDUCATION (FIG. 16.13)

1. Definition and Concepts

- Health education: The process by which individuals and groups of people learn to behave in a manner conducive to the promotion, maintenance or restoration of health (John M Last)
- Changing concepts of health education (Alma – Ata Declaration, 1978):

Older emphasis	*New emphasis*
Prevention of disease	Promotion of healthy lifestyles
Modification of individual behavior	Modification of social environment
Community participation	Community involvement
-	Promotion of individual and community self-reliance

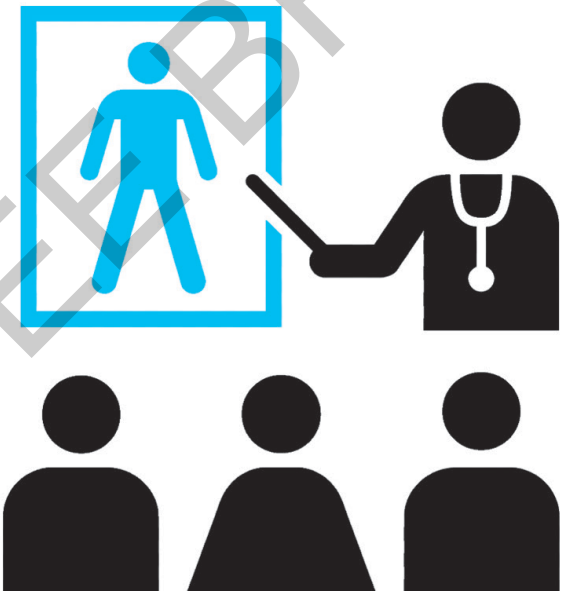

Fig. 16.13: Health education.

2. Approaches to Health Education

- Regulatory approach (Managed prevention):
  - Defined as any Governmental intervention
  - Coercive approach or Legislative approach
  - Useful in times of emergency
- Service approach:
  - Providing health services at peoples' door step
  - Not based on felt needs
- Health education approach:
  - Slow but enduring results
- Primary health care approach:
  - Radically new approach
  - Community involvement and intersectoral coordination
  - Help individuals becomes self-reliant in health

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3. Principles of Health Education

- Credibility
- Interest
- Participation
- Motivation
- Comprehension
- Reinforcement
- Learning by doing
- Known to unknown
- Setting an example
- Good human relations
- Feedback
- Leaders

4. Health Education versus Propaganda/Publicity

	Health education	***Health propaganda (Fig. 16.14)***
Knowledge and skills	Actively acquired	Instilled in minds
Promotion of thought process	Present	Absent
Primitive desires	Disciplines	Arouses
Behavior developed	Reflective behavior	Reflexive behavior
Appeals to	Reason	Emotion
Develops	Individuality, personality	Set attitudes, behavior
Knowledge acquired by	Self-reliant activity	Passive spoon-feeding
Process	Behavior centered	Information centered

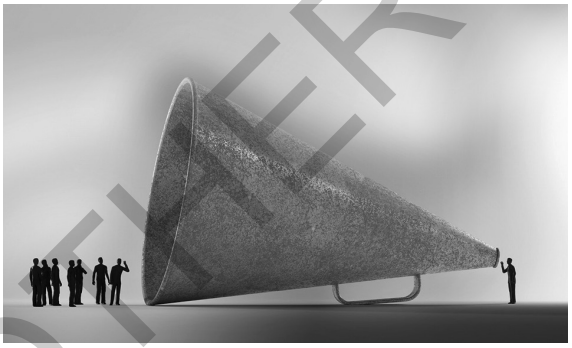

Fig. 16.14: Health propaganda.

MISCELLANEOUS

1. Mass Media (Fig. 16.15)

- Mass media: TV, radio, printed media
  - Mass media are mainly a one-way communication (Didactic methods)
- Advantages of mass media:
  - Reaches a relatively larger population in a shorter time than with other means
  - Useful for message transmission even in remote areas
  - More influential with average and below average education level
  - Get public attention
- Disadvantages of mass media:
  - Being impersonal, not usually effective in changing established modes of behavior if used alone
  - One way communication: Carry messages from center to periphery; feedback mechanisms are poorly organized.

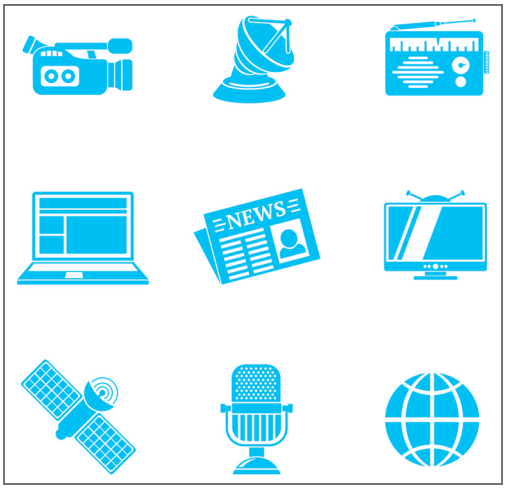

Fig. 16.15: Mass media.

Methods of Mass Media

- Television:
  - Most popular of all media
  - Creates awareness, influence public opinions and introduce new ways of life
  - Raise levels of understanding
  - Has much potential for health communication
  - Not much opportunity for feedback and discussion
- Radio:
  - Purely didactic medium
  - Valuable aid in putting across health information
- Internet:
  - Fast growing communication media
  - Holds very large potential to become a major health education tool

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- Newspapers:
  - Most widely disseminated of all forms of literature
  - Reach only to limited population (literates)
- Printed material:
  - Can convey detailed information
  - Produced in bulk at low cost, can be shared
- Direct mailing:
  - New innovation in health communication
- Posters, billboards, signs:
  - Can be displayed at public places
  - Less effective in changing behavior
- Health museums and exhibitions
- Folk media

2. Behavior Change Communication (BCC) (Fig. 16.16)

- Description: BCC is the process of learning that empowers people to make informed decisions, modify behaviors, change mind sets and act accordingly
- Objectives of BCC campaigns in National Health Programmes:
  - Enhance awareness
  - Promote attitudinal and value changes among target audiences leading to informed decisions, modified behavior, desirable practices
  - Build support for the programs across inter-sectoral partner organizations, and health care service providers and elicit commitment for action
  - Stimulate increased and sustained demand for quality prevention and care services
  - Ensure availability of services
  - Improve quality of life and social and economic conditions
- Principles of BCC:
  - Target audience be kept in mind
  - Audience confidence building
  - Identification and removal of barriers, beliefs and disinformation
  - Evidence based
  - Integrated, ongoing process
  - Monitoring and evaluation support
  - Complimented by delivery of services
- Stages of behavior change:
  - Pre-contemplation: No intention of behavior change
  - Contemplation: Ambivalence of benefits versus barriers/costs
  - Preparation: Plan towards the change
  - Action: Observable and measurable change
  - Maintenance: Reduced risk of relapse.

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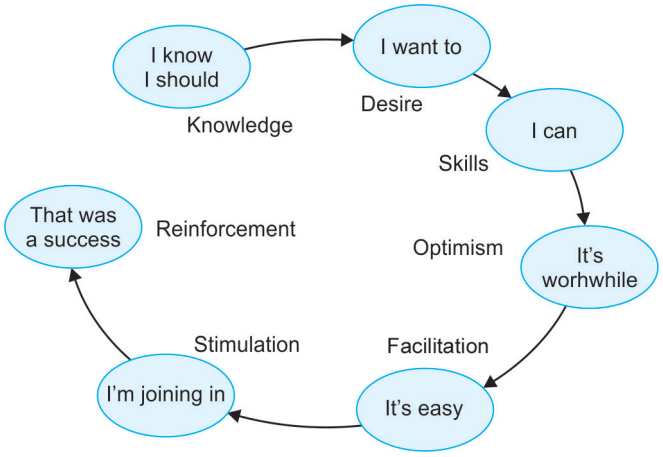

Fig. 16.16: Steps in BCC.

EXAMINATION CORNER

Short Notes

1. Channels of communication
2. Barriers of communication
3. Types of communication
4. Methods of communication
5. Group discussion
6. Panel discussion
7. Audio-visual aids
8. Counseling
9. Define health education. What are the principles of health education?
10. Principles of health education
11. Behavior change communication (BCC)
12. Pedagogy

Differences Between

1. Didactic communication vs socratic communication
2. Health education and health propaganda
3. Counseling and advice

Viva Voce

1. What do you understand by communication process?
   Communication process means exchanging ideas, feelings and information; Its components include sender, receiver, message, channel and feedback.
2. What are the various channels of communication?
   Interpersonal (face-to-face) channel, mass media channel (TV, radio, printed media) and folk media (nukkad).
3. What are the various barriers to effective communication?
   Physical/environmental barriers (noise, heat, poor visibility), psychological barriers (illiteracy, ignorance), cultural barriers (scant respect for customs, beliefs) or technical barriers (inappropriate selection of media, non-local language).
4. What do you understand by didactic and socratic methods of communication?
   Didactic method include one-way flow of communication, like lecture, television, radio; socratic methods include two way communication like focus group discussion, symposium and panel discussion.
5. What are different methods of communication?
   Individual level methods (interpersonal method, home visits, personal letters), group level methods (lecture, demonstration, focus group discussion, panel discussion, symposium, workshop) and community level methods (television, radio, newsprint, posters/charts).
6. Name two effective methods of health communication.
   Interpersonal (face-to-face) and focus group discussion (FGD) are two most effective methods of communication.
7. What are the advantages and disadvantages of lecture method of communication?
   Advantages include economical method, information transfer in a short time to a large group and less preparation and minimal resources; disadvantages include learning is passive, no motivation, suitable only for small groups, students are involved to minimal extent, do not stimulate thinking or problem solving capacity, comprehension and retention varies with student and health behavior of listeners not necessarily affected.
8. What is the difference between advice and counseling?
   Advice is recommendation regarding a decision or course of conduct which is passive; counseling is face-to-face communication through which a person is helped to make a decision or solve a problem, an active process providing choice to clients.
9. What do you differentiate between by health education and health propaganda?
   Health education is a process actively imparting knowledge and skills, appeals to reason and promotes thought process; Health propaganda passively instils knowledge and skills in mind, appeals to emotion and thought process is absent.
10. What is pedagogy?
    Pedagogy is art and science of learning/teaching; it includes various teaching/training methods and technology to change knowledge, attitude and behavior of individual, group or community, and lesson plan, teaching technology, evaluation and impact on learning.

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