Medical education has moved from the classroom to the community at the University of Western Ontario. First-year medical students at Western now go in pairs to visit patients with chronic medical problems who live at home and are maintained with community support. Dr. Tom Freeman says the experience allows the students to see and not just read about the way determinants of health affect how people function within the community.

“They are charged with learning from the patient what it is to experience this illness and what support systems they have that sustain them in the community, and with getting an idea of what their coping mechanisms are like,” says Freeman.

The assignment is part of Health, Illness and Society, a mandatory interdisciplinary course that Freeman coordinates. Its learning objectives are addressed in several areas of undergraduate study, with community experience being one of several course objectives. The work is done while the students are in their first and second year, and the knowledge they gain is supposed to be applied during their clerkship years.

Second-year students are assigned in groups of up to 5 pupils to 22 different community agencies. They determine the community as defined by their agency (who is served, how many, the age range) and then develop a health-improvement strategy tailored to it. For instance, in 1999/2000, students assigned to the local Arthritis Society developed several information pamphlets that will be used nationally. In 2000/01 they developed a support group for families of children with juvenile arthritis.

The amount of time spent on the course is discretionary, although students must have a minimum number of meetings with their “patient” during their first year.

Freeman says the emphasis on community care and support services is important because this type of care and its related services are quickly becoming pillars of the health care system. “The determinants of health, which include these community supports, are at least as important as any interventions we devise medically in terms of patient outcome.” — Lynne Swanson, London