'Experiential Learning of Social Responsibility' -- Case Study from D. A. Pandu Memorial R. V. Dental College in Bengaluru, India

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Abstract

Dental students are essential health care providers and D. A. Pandu Memorial R V Dental College works with a vision of having an "excellent oral health education and service systems for community development.". In this backdrop, the students are trained to provide oral health services to the underserved sections of the society.

We have adopted three strategies to address the resource crunch faced in the traditional methods of teaching social accountability 1. Orientation to the community setting using "Visualization techniques." 2. On field exposure 3. Continuous motivation to reinforce the learning. The anecdotal feedback received from the students has indicated that these strategies are appropriate in reinforcing social accountability. The visualization processes are cost effective and easy to replicate in different settings to sensitize students to social accountability.

Keywords: Teaching social accountability, visualization techniques

Introduction

Social accountability and responsibility are essential prerequisites for any citizen, particularly so for a health care provider. A health care provider has additional responsibilities towards society owing to the very nature and inherent respect one derives from the profession. [1] Studies have shown that when a person contributes positively to society, he or she has an increased sense of well-being and improved self-esteem. [2,3]

Dental students are essential health care providers. With the privatization of Indian dental education, the cost has increased drastically over the last two decades. Many students are forced to take loans to complete their undergraduate and post-graduate studies. The field is also competitive. Given the high cost of education and the competitiveness which exists, students who initially start off with a "service to others" motto end, up with a financial and self-centred perspective by the time they finish the course. Social responsibility gets pushed to the backburner.

D. A. Pandu Memorial R. V. Dental College (DAPMRVDC) & Hospital, Bengaluru is part of the R V Group of Institutions which operates with a vision of "excellent oral health education and service systems for community development." The onus has been on producing socially accountable dentists. The students are oriented to community oral health situations mainly through the department of Public Health Dentistry. The curriculum mandates student field training for understanding the oral health needs of different "at risk" groups." These groups vary from underprivileged school children, villagers, people with disabilities, people in urban slums, the geriatric population, pregnant women to adolescents, tobacco users, etc. Unfortunately, arranging these field visits for an "in depth understanding" of the community specific needs becomes practically impossible due to other curricular demands.

Given the limitations of the curricular framework and the resources available with us to increase the quality of community exposure, we have chosen to incorporate three main activities to enhance the "social responsibility" amongst undergraduate dental students at DAPMRVDC.

1. Orientation to the community setting using "Visualization techniques."

The students are oriented towards the problems faced by the community during their third year and fourth year of under graduate studies. There are initial lectures and group discussions to orient them to the differing needs and challenges of various community groups. For an immersive learning experience, "visualization techniques" are adapted. The visualization process is a powerful tool which can be employed in the educational setting to enhance the learning experience. This has been adapted from the faculty's training in Neuro Linguistic Programming. The faculty has a prepared script to take the students through the visualization process. The students visualize the setting, the population group, and the socio-political cultural determinants which influence the health outcomes of the different "at risk" groups. The learning becomes an immersive experience by activation of their visual, auditory, kinaesthetic, and reading/writing senses, while sitting in the classrooms. Through the process, the students are encouraged to identify and empathize with the oral health needs of the community. Every visualization process is accompanied with an active discussion and reflection on learning. The students are also encouraged to identify areas where they would like to contribute and work for the various sections of the society.

2. On field exposure

During the final year of undergraduate studies, the students are required to provide oral health services to different population groups. These outreach programs are conducted free of cost by the institution. They get their first "hands on" experience of providing oral health services to those who need it the most and yet can neither access nor afford care.

Before the students interact with the patients, an orientation session is held, where the setting, the oral health problems anticipated, and the socioeconomic and cultural determinants which influence the health situation are discussed. The students are encouraged to take leadership roles in educating the patients and streamlining the screening and treatment process. Given the high need for oral health care and limited availability of oral health services, the number of patients requiring treatment exceeds what can possibly be provided for in the given circumstances. So, the student is exposed to a situation where triaging becomes necessary. They learn about prioritization of treatment options and optimum utilization of resources to ensure that the maximum number of patients get the complete care they need.

The infield exposure is followed by a debriefing session. The students discuss with the faculty what went right and what could have gone better which is an adaption from the Gibbs Cycle of reflective learning. They are encouraged to verbalize their understanding of the situation and come out with solutions to address the problems encountered.

3. Continuous motivation

At every opportunity, the faculty correlate the students learning from the field experience and motivate them to work towards becoming "problem solvers." Students are exposed to peer learning and the seniors are encouraged to share their experiences with the juniors. The

positivity catches on and the students share that they have become conscious of their responsibility towards both themself and the society. Providing a platform to share their learning experience enhances their confidence, self-esteem, and desire to contribute to the society.

Evaluation of the outcome

So far, the evidence of measuring the outcome has been anecdotal. Students have reported that their social conscience is stirred and they take up the initiative to work with the underprivileged sections of the society. In the process they rope in their friends and work within their capacity. Some students have initiated fundraising campaigns during natural calamities while a few others have volunteered to work with NGOs. A systematic and strategic evaluation of the long-term implications of the teaching and learning process and its outcomes are being considered. Initiatives to ascertain what are the "mental health" benefits to the students who are demonstrating social responsibility are underway.

How are we doing it differently?

Oral health outreach programs are part of the academic activities for undergraduate dental students across all dental teaching institutions. The quality assurance in implementation varies from institution to institution and is largely driven by the personnel who oversee the infield activities. At DAPMRVDC, the students are often from a higher socioeconomic status and are not aware of the challenges faced by the marginalized sections of the society. It is also practically impossible to give them a first-hand experience of these challenges by going for a "full on" community exposure. In our experience, visualization exercises help the students connect better with the community rather than mere lectures and group activities. A structured approach of briefing, debriefing, and reflection has also enhanced the learning process. The institution is looking at further strengthening the community learning experience by increasing the frequency and duration of these programs.

Funding Model

These programs are operational in partnership with NGOs who seek our assistance in providing oral health services to different sections of the society. The institution has a fully equipped and functional mobile dental unit to provide oral health services. The treatment cost is borne by the institution. The NGO partners provide for the "on site" facilities to conduct the program and mobilize the people who avail these services. The institutional funding is part of the CSR activities. Since there is an alignment of the institutional vision, the curricular mandate and motivated faculty, the program is sustainable.

Scaling up and Policy Implications

The program can be easily scaled up by any institution. The institution needs to invest in training their faculty to explore unconventional methods of teaching learning and assessment which has a proven efficacy in other fields such as marketing and social psychology. Planned and strategic development and evaluation of the program will provide the evidence for policymakers to adopt such low-cost, innovative programs to promote social accountability and responsibility amongst their students. Awakening the social conscience of the student benefits the community which receives the service.[4] It also creates a sense of psychological well-being for the care provider, and thus is a mutually beneficial action.

Works Cited

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