

COMMUNITY EXPERIENCE



AIMS

1. To enable the student to accompany staff on visits to patients' own homes and to develop their skills in communicating with patients.
2. To enable the student to examine the effects which family environment has on health.
3. To allow the learner an opportunity to look at the concept of "continuity of care", and the problems associated with its delivery.
4. To give the student an introduction to the types of care provided in the community.
5. To provide an opportunity for discussion on the promotion of health and the prevention of disease.

PROGRAMME

1. For two days per week, students will accompany health personnel in their daily work, and record their observations. They will also visit agencies such as social services and occupational health. They will be expected to ascertain the funding of any agency, the services it offers, and its liaison with other aspects of community care.
2. The theory input of the course ($\frac{1}{2}$ day per week) has two aspects: it will amplify students' factual knowledge of the agencies they encounter, and will attempt to make explicit some of the underlying assumptions and philosophy of community care.

ASSESSMENT

The students will be expected to keep a record of each day's experience. They will, as assessed work, compile a profile of the area, with a discussion of one particular health problem encountered, e.g. lead pollution, isolated parents, drug abuse. They will gather information for this during their visits; some library time for information-gathering, reading references etc., would also be useful, perhaps in the middle of February. The students will be presenting their studies on March 14th.

They will also be required to write a description of one visit they have made with a health visitor, and one with a district nurse. This description will include information about the patient, the professional worker's objectives for the visit, and how they fit in to the total patient-care plan, and other agencies' involvement.

CONCEPTS TO BE INCLUDED

1. Illness and health cannot be divorced. Illness is not an isolated event which begins and ends with admission to, and discharge from, hospital.
2. Care takes place in many settings, and is given by a variety of people.
3. Care takes place at many different levels of complexity; it includes the prevention of ill-health and the promotion of good health.
4. The individual is seen as a participant in his care.
5. There is a tension in community preventive work between the idea of individual responsibility for health, and the need for concerted action.