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# DEIDS/THAILAND PROJECT QUARTERLY REPORT

FOR

JULY-SEPTEMBER 1975

*RH*

## Introduction

The fourth quarter was highlighted by the July 2nd opening of the one-year training program for the first group of wechakorn (paraphysicians). The Project also received increased interest in the form of a number of visits by both staff from the collaborating agencies and interested outsiders. Planning for the Annual Review began, and the effort to assess and document progress of each component intensified as the quarter ended.

## Thai/U.S. Inputs

A. The long-awaited opening of wechakorn training took place on July 2nd, presided over by the Deputy Minister of Public Health, and attended by a broad representation of the medical and public health community. Immediately after the opening, the wechakorn trainees began their intense classroom didactic instruction and some practical training sessions, with strong support from the Provincial Hospital. At the same time that this didactic phase of wechakorn training began, plans for the second phase, (clinical preceptorship phase) were already underway. During the latter part of the quarter, three members of the Health Manpower Development Staff of the University of Hawaii, Dr. Mike O'Byrne, Dr. Jack LeSar and Medex Tom Coles, came to Lampang to assist in the final preparations for preceptorship training which begins in mid-November. The HMDS group provided advice not only in the area of planning the details of the preceptorship phase, but also collaborated in developing a variety of evaluative techniques for assessing the effectiveness of the training methodologies and the increasing clinical competencies of these new health care professionals. This, of course, had to be coordinated with the staff of the Lampang Provincial Hospital, who are the key figures in implementing the preceptorship phase. At the end of the two week consultation period, the HMDS consultants and the staff of the Personnel Development Division of DEIDS made a joint presentation to the key members of the hospital medical staff to explain proposed plans for the preceptorship period and to gather as much comment and suggestion as possible.

The preceptorship discussions were also facilitated by the presence of Dr. Tawan Kangwanpong, the new DEIDS consultant hired by the University of Hawaii to provide support for the wechakorn training and deployment program, and potentially other aspects of DEIDS training. Dr. Tawan, the former Dean of the Medical School and rector of the University of Chiangmai who has had long experience in the field of medical education, brings a variety of technical and organizational skills to the DEIDS Project. He is a well known and respected figure in the medical community and is a very appropriate person to assist in adapting the Medex concepts to the realities of the Thai health care setting.

B. The second group of administrators and supervisors completed the week-long cross-training period at the beginning of July. The course was attended by members of the provincial health and hospital staffs.

C. All pre-service orientations for local health workers and volunteers were completed by the Medical and Health Services Division during August. This orientation was done on a tambol-by-tambol basis, and completed within a two-month period. The initial orientations were then followed by regular follow-up visits of various provincial health and DEIDS supervisory/training staff on a regular basis. This was designed to check on the volunteer-sector reporting system, to assess if the system was working effectively, and to determine if needed supplies were reaching each location on time. Supervision is regarded as one of the most critical demanding functions, and is perhaps the most important problematic area in making the volunteer sector work effectively. Initial observations of the operation of the health post volunteer, traditional midwives and communicator groups working in concert with the local health workers seem very optimistic. The rural population seems to have responded well to the introduction of local primary health care providers, and a number of the posts are already extremely active.

D. Reorganization of the provincial health services structure has been completed during the fourth quarter. All units in the Provincial Chief Medical Office are represented in a provincial health planning board which, together with a supervisory board, assumed responsibility for coordination of health activities at the provincial level. The referral system, utilizing a revised set of forms, is now intact and began operating between the health centers, sub-centers, and the provincial hospital.

In addition, the Department of Community Medicine was opened as a new unit in the Lampang Hospital, making it the first provincial hospital in the country to have such a department. This department, located on the provincial hospital grounds, is staffed by Dr. Sommai Yasamut of the hospital's department of surgery, a health educator, and a nutritionist. The department is now beginning to assume a more responsible role in coordinating hospital and health center activities.

E. The Division of Medical and Health Services has continued its efforts to develop strong community support for DEIDS service, particularly at the local district and village level. A considerable amount of time has been spent in educating and generating support among the district officials and local adjunct committees. Efforts are underway to involve the district education and agricultural officers in joint nutrition improvement projects, centered in schools and Child Nutrition Centers.

F. During the latter part of July, Dr. Emmanuel Voulgaropoulos and Mr. Richard Suehiro of the University of Hawaii School of Public Health visited the DEIDS Project in Lampang. Dr. Voulgaropoulos, in his capacity as the UHSPH DEIDS Project Manager, and Dr. Suehiro, Chairman of the International Health Program of the University of Hawaii School of Public Health, came to Lampang to review project operations and management details of the University of Hawaii Resident Staff. At the same time, they had the opportunity to review the work of the two University of Hawaii students who were near the end of their two months field training project in Lampang. The arrival of Dr. Voulgaropoulos and Mr. Suehiro coincided with the call for a DEIDS Policy Board Meeting in Bangkok, and both Dr. Voulgaropoulos and Mr. Suehiro were able to attend. The Policy Board Meeting was called in order to permit the project staff to present a report of progress during the first six months of project operation (January-June 1975). The Policy Board Meeting was well attended by a variety of members from the health community, as well as by representatives of national planning institutions, the Civil Service Commission, and educational institutions.

G. Shortly after the departure of Dr. Voulgaropoulos and Mr. Suehiro, a brief visit was made by Dr. Wadie Kamel of the University of Illinois Medical School, accompanied by a group of staff from the McCormick Hospital in Chiangmai. Dr. Kamel was interested in general project operations and, particularly, in the possibility of a mechanism for introducing and evaluating specific nutritional supplements through one of the project activities. It was suggested to Dr. Kamel that the Project would be unable to respond adequately to his interests at this point in time, since baseline nutritional data were not yet available.

H. In close succession to the visit of the University of Hawaii staff, Dr. Barry Karlin of APHA arrived for a visit to the Lampang Project. Since the intent of his visit was not only to help resolve some lingering administrative problems, but also to provide some technical assistance in the area of communications and health education, his visit was planned to coincide with the arrival of Dr. Jerome Grossman, Professor of Health Education from the University of Hawaii School of Public Health (and at that time, working as a short-term WHO Consultant at the School of Public Health, Mahidol University), and Professor Warunee Sitisak, Chairman of the Department of Health Education at the School of Public Health, Mahidol University. Working together, Dr. Karlin, Dr. Grossman, and Professor Warunee, along with the DEIDS Medical and Health Services Division staff, reviewed the Project needs for health education and communication inputs. A final recommendation of the consultants was that a health education working group be set up, and this has since been done (Dr. Karlin's report is attached). In early September, Prof. Warunee returned to Lampang to consult with the health education working group in developing further plans for health communication and education activities in the DEIDS Project.

I. In Mid July, Mr. Richard Derrick of the USOM Regional Auditors Office, came to Lampang for a three-day review of DEIDS Project operations and financial management (including the operations of the University of Hawaii Resident Staff Office). Mr. Derrick reported directly to AID/Washington concerning his findings, and to date there has been no official feedback on his observations and recommendations.

J. In August, Dr. A. Zahra, Head of WHO Headquarter's MCH/Family Planning Division in Geneva, and Dr. R. Chical, the WHO Representative in Thailand, briefly visited the DEIDS Project in Thailand.

K. In early September, most of the DEIDS Project Senior Staff attended a WHO Regional Seminar on Peripheral Health Care in Bangkok. This Seminar was attended by representatives of most of the countries in the SEARO region, and a variety of experiences in the development of peripheral health care systems and delivery of primary health care were discussed. As the meeting came to a close, the WHO advisors who helped to plan and direct the Seminar asked to visit the DEIDS Project in Lampang, since the last days of the Seminar were held in nearby Chiangmai. The WHO staff seemed impressed by the fact that many of the innovations that were suggested in discussions during the seminar were already being introduced in the DEIDS setting in Lampang.

L. During the fourth quarter, despite heavy rains which made travel difficult the household listing and the community surveys in both Mae Tah and Mae Taa were completed. Also, the Food Habits Survey was begun in the Hang Chat experimental area and the Mae Tah and Mae Taa control areas, and will be completed in the fifth quarter. At the beginning of September, NIDA staff members arrived to begin the Administrative Analysis field work, which continued through September to the end of the quarter and will be completed at the beginning of the fifth quarter. The

fifth quarter should also see the first output of project data, which is now being processed at the NIDA Computer Center.

M. A major activity of the DEIDS evaluation group during the third quarter was preparing a response to the variety of questions raised by the joint APHA/AID evaluation plan review group. After lengthy discussions and several meetings, a response was prepared and sent to APHA. The discussions which the queries by APHA and AID stimulated were very useful to the project staff, and though often raising problems difficult to grapple with, they did enjoin the DEIDS staff to delve more deeply into planning details of the evaluation and analyses. The first output of the various evaluation components should be available by the time of the Annual Review, and will be produced regularly thereafter.

N. The DEIDS Project Director, Dr. Somboon Vachrotai, has instructed all project division heads to prepare their plans (including budget estimates) for the two-year period beginning in September, 1976. It is hoped that these plans will be available for discussion at the Annual Review, since it will be an appropriate time to assess the problems of expansion to an additional five districts of Lampang province, and to ascertain the level of resources that will be needed and available.

#### Problems Encountered

A. The heavy influx of visitors during the fourth quarter, at times became distracting, particularly when there was very little lead time provided. However, this problem has now been well-discussed by the collaborating agencies, and a visitor policy has been developed. This policy is not intended to stifle visits, but to provide for advance planning and proper timing of visits by those interested in the Project, for the benefit of both visitors and Project hosts.

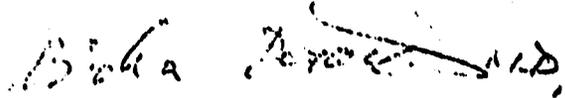
B. The last of the three vehicles provided by APHA finally arrived at the Project during the fourth quarter. However, much of the equipment to be procured by APHA has not yet arrived, although it is now on order. One issue which remains to be resolved is the procurement of the videotape system. Following consultation with local experts in May (mentioned in the Third Quarterly Report and the DSCS Consultant Report) the project leaders requested a change in the original order's components of the videotape system. Because of concern over source waivers, APHA suggested that the project modify its request for certain components of the video system. The project leadership did not respond to this request favorably, and at the time of this writing, the final resolution of the problem has not occurred.

#### Conclusion

With the first year of DEIDS operations rapidly drawing to a close, attention of project staff has focussed more intensively on the approaching Annual Review. Every attempt is being made to assemble substantial information on all important project components to present to the Annual Review participants for critical exa-

mination and constructive advice. At the same time, the staff are looking forward to the opportunity to discuss and resolve problems and constraints that have come up in the course of project operations, and to present plans for the next project phase.

Signed:



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Dr. Pricha Desawadi, Field Director



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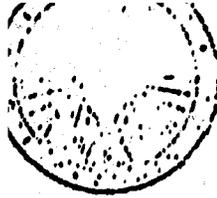
Dr. Ronald G. Wilson, Associate Field Director  
and U.S. Counterpart



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Dr. Somboon Vachrotai, Project Director

Encl: Dr. Barry Karlin's Report  
Dr. Tawan's Report  
Wechakorn Preceptorship Program



July 31, 1975

TO : Dr. Somboon Vachrotai, Director-General, DEIDS/Thailand  
FROM : Barry Karlin, Dr. P.H., American Public Health Association  
SUBJECT: Health Education Components of DEIDS/Thailand Project

### Introduction

The following report is in response to your letter of July 7th, 1975 to Dr. Thomas R. Hood requesting me to study the educational, informational and community development components of the DEIDS/Thailand Project. This study was conducted during the week of July 28th and benefited from the visits of Dr. Jerry Grossman from the University of Hawaii, and Mrs. Varunea, Professor of Health Education at the Mahidol Faculty of Public Health. Their visit related to Dr. Grossman's W.H.O. assignment to assist in the development of a masters level Health Educator training program at the Faculty, and the need to anticipate the kinds of health education services which might be required in the future in light of the DEIDS experiment.

It should be noted that some inaccuracies or over-statements may be found in this report as a result of its rapid preparation, the heavy work load of the staff, and the fact that the Project was begun only about seven months earlier. Work plans are still being prepared or in the very early stages of implementation and a great deal of staff energy is being devoted to developing evaluation strategies and instruments, preparing teaching modules and lessons, and carrying out administrative planning.

### Summary of Recommendations

1. A DEIDS Health Education Coordinating Board should be immediately formed which has overall responsibility for the Project's health education program. This should include a plan for fact-finding, establishing educational goals, securing and sharing of human and material resources, including audio-visuals, developing a program budget, selecting suitable channels of communication, planning and educational strategy and insuring adequate levels of evaluation and rapid feed-back. The Board should report regularly to the Project Field Director.

2. It should be recognized that the Project has no full-time professional Health Educator and that it will be essential for the above Board to be authorized to secure outside resources on a consultative basis. A number of excellent Thai Health Educators have been identified.

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Resolution/Rotation Schedules:

1. Five 6-week rotations, 4 rotations in various Departments in Lampang Hospital; 1 rotation at health centers and sub-centers.
2. The Wechakorn students will be assigned mainly at the out-patient clinics with occasional follow-up of the patients into the ward.
3. All clinical problems and skills will be taught and mastered prior to the rotation at health centers and sub-centers.
4. Surveys and individual projects will be included during the preceptorships training at health centers and sub-centers.

Behavioral Objectives: Divided into 3 areas

1. Clinical Problems
2. Protocols
3. Skills

Checklists for each area in various hospital departments were finalized and sent for approval by preceptors.

Evaluation System:

The system and all the formats agreed upon were based on the following criteria.

1. Wechakorn training is competency based training program.
2. Least formats for preceptor to check.
3. The work in calculating all data will be performed by the personnel of the Personnel Development Division.

Revision of Clinical Protocols:

1. All agreed that both Protocols and Modules must be evaluated and revised. Since the time factor, the existing protocols will be used for this class with only some minor changes as found appropriate.
2. The comprehensive evaluation and revision will be scheduled later, but must be completed and ready to be used for the next class.
3. The criteria and guidelines set forth by HMDS were accepted in part for the future evaluation and revision of the protocols.

Comments:

1. All the objectives in Problems, Protocols and Skills had been thoroughly reviewed and made as most adequate as possible to the local needs.

Educators and other social scientists. Mrs. Varanee reported that one of her U.S. graduates in Health Education from the Faculty had just been assigned to the Lampang Hospital and was to report on July 31st. Her role is not yet clear and she is inexperienced but does have the conceptual background which could be important to this effort. She could be given some responsibility for developing the patient education portion of the health education program.

Lampang is fortunate in being a regional headquarters for the Environmental Health Division of the Ministry which grew out of the Village Health and Sanitation Project. The new Regional Chief who has just arrived is Mr. Prateep, as highly trained Sanitarian who has served as a W.H.O. Advisor in the past. Mr. Prateep is very skillful in community organization techniques and could make a major contribution to the DEIDS effort if suitable arrangements could be made. His participation on the Health Education Coordinating Board would be most valuable. Another skilled Sanitarian with U.S. training and many years with the V.H.S. Project is Mr. Nath who is now one of the Trainers in the DEIDS Training Division. His talents in community development should not be limited to the classroom. Mrs. Varanee has informed Mr. Somrit that a well qualified Thai Health Educator is stationed in Chiangmai. Her consultative services, particularly during the early deliberations of the Board, could be important. Mr. Prateep's wife, Mrs. Kularb, has health education training and is to serve as a PHMO Nurse.

2. A health education program should begin with basic fact-finding and then proceed on to the setting of educational goals and priorities, determining strategy, identifying resources, selecting channels of communication, initiating training, carrying out the program and insuring suitable evaluation. A model of such a process prepared by the APHA is attached. Thus far, some attention has been given to the fact-finding phase in community survey instruments. Much more effort will be required to avoid costly mistakes and help to insure Project success. This will require close coordination and cooperation between all of the DEIDS Divisions. For example, the Divisions should work together to train Medex students and Government Midwives to informally gather information from village Communicators and Health Post Volunteers about the attitudes, beliefs and practices of villagers about pre-natal care, delivery techniques and helpers, post-natal care, infant feeding, immunization, family planning, etc. (Obviously, there would have to be a distribution of tasks.) These findings, along with other data from DEIDS and other studies, could then serve as a basis for establishing educational goals. The suggestion that existing health workers be used to gather this data is based on the belief that this would be an effective way to teach them how to effectively communicate with people, learn their attitudes, practices and terminology, and be sensitive to these factors in the course of their work. A short series of sample questions is attached to this report.

3. The Training Division may need additional help to insure a high-quality educational component in their lesson contents and teaching methods. In particular, the audio-visual equipment which is being procured, including camera, cassette tapes, projectors and possibly video-tape will require some skilled guidance for effective use as teaching aides. The use of such equipment is not traditional to Thailand where lecture methods have predominated. Such changes will present fundamental challenges to the Training Division.

4. It is recommended that the Project proceed with its plan to secure a basic video-tape system to lend support to the Training Division. The two major functions of the system should be:

A. Filming student skills performance and group analysis of individual efforts. Such techniques are excellent for use in human relationship training, history taking, patient education training, and of course, more technical medical skills.

B. Analysis of teacher performance by his peers.

Additional functions include the showing of medical films which have been put on tape by the University of Hawaii, documentation of project activities, and the putting together of longer film documents for special uses.

5. The health education program could be broadly thought of as encompassing all training and educational activities of the Project although it is suitable under the circumstances to insure coordination through the mechanism of the Board. What is essential, however, is for the Board to accept responsibility for analysis of the adequacy of all training efforts which seek to change health-related behavior, including the behavior of villagers and workers who in turn are serving as change agents. There is a danger that the training will over-emphasize curative and technical preventive services such as immunization without adequate consideration of the sociology of health change. Dr. Kunstadter's report regarding the W.H.O. Thailand Health Planning exercise should be studied carefully by the Board.

6. A brief word needs to be said about mental health education which is not yet being considered by the Project. Mental illness is not uncommon in Thai villages and while it may not be profitable for the Project to seek to treat mentally ill patients, consideration should be given to introducing mental hygiene education to the villages through the Child Nutrition Centers, schools and health committees. An excellent resource person would be Dr. Kavi Suvarnakich, M.D., M.P.H. (Harvard), a Psychiatrist with the Community Health Program of Ramathibodi Hospital.

cc: Dr. Pricha                      Dr. Choomnoon  
Dr. Wilson                        Dr. Manny (UHSPH)  
Dr. Annuey                        Dr. Edmons USOM  
Dr. Pian                            Dr. Shutt (AID/W)

Attachment: (1) A Model for Planning Patient Education  
(2) Series of sample questions

MCH/DELIVERIES

1. How should a woman prepare for her delivery? (i.e. shortly before term)  
(cloth, medicine, knife, water, etc.)
2. When is it best to use a local midwife to help?
3. When is it best to use a government midwife or a doctor?
4. In what ways is the local midwife better?
5. What are some signs that the delivery might be difficult?
6. How soon should a woman seek out a midwife or doctor after complications occur?
7. What causes these complications?
8. Which ones are best handled by a government midwife or doctor?
9. How does a woman know if she should have her baby in a clinic or hospital?
10. What are the disadvantages of doing so?
11. What is the proper way of cutting the cord? Why?
12. Are there bad ways of cutting the cord? Why?
13. What causes neonatal tetanus?
14. How can it be prevented?
15. What are some things a woman should do right after delivery to protect her health? Why?
16. What should be done for the baby right after delivery? Why?
17. Who in the family should know about some of these things discussed above?  
(grandmother, husband, granny-midwife, children)
18. What are the signs that the baby may not be well and needs a doctor?
19. What are some signs that the woman may need to see a doctor?

NCH/FAMILY PLANNING

1. What are the ways in which women can prevent becoming pregnant?
2. For each way mentioned, what are the advantages & disadvantages of that way?
3. What is the proper or best way of using each method?
- 4-6. Repeat questions 1-3 for male methods
7. What are the complications which might occur for women using the pill?
8. How serious are they?
9. What can be done to minimize complications?
10. When should a woman return to health worker because of complications?
- 11-14. Same questions on 7-10 re: IUD
15. When should women seek to avoid pregnancy?
16. Which methods are most effective?
17. Where can services or supplies be obtained?
18. What are the costs?
19. Why don't some women wish to get such services?
20. Do some people believe F.P. is wrong? Why?

Fact Finding Questions:

1. What are the health problems which women experience while they are pregnant?  
(Find out other common ~~pregnancy~~ ~~research~~ ~~problem~~.)
2. What causes each of the above problems?
3. Are there ways of preventing each problem? (Describe)  
(Prevented before they occur.)
4. Once these problems occur, how can they be minimized or cured?
5. Which of the above problems can be best treated at home by oneself  
or in a traditional way?
6. Which problems can midwives, nurses or doctors best treat?
7. Why are traditional methods sometimes better?
8. When and how often should a woman be examine before delivery?  
Why not sooner, later or more often?

1. Why do some people have good teeth & some others have bad teeth?
2. What can be done to keep teeth strong or healthy?
3. What can be done to keep gums strong or healthy?
4. How long should an adult's teeth remain healthy?
5. Why is it important to keep children's teeth healthy, even though we know that they will loose them?
6. What are some of the reasons why people don't take care of their teeth? (i.e. lack money for brushes, paste, use twigs or other methods etc.)
7. How often should people brush teeth?
8. Where can one get help for a toothache?
9. How effective is it to try to protect one's teeth?
10. Is there anything parents can feed their children which would give them healthy teeth? What? How often?
11. What foods can damage teeth?

**REPORT OF CONSULTATION**

by

**Tawan Kangwanpong, M.D.**

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**Time:** 15th September 1975 to 1st October 1975

**Place:** DEIDS Project Headquarters in Lampang, Thailand

**Mission:** Preceptorship Planning and Evaluation for Wechakorn Training

**Participants:**

1. Dr. Choomnoom Promkutkao, Chief, Personnel Development Div. DEIDS Project, Thailand
2. Dr. Nopadol Somboone, Staff Personnel Development Div. DEIDS Project, Thailand
3. Dr. Wansarat Channukul, Staff Personnel Development Div. DEIDS Project, Thailand
4. Dr. Mike O'Byrne, HMDS, School of Medicine, University of Hawaii
5. Dr. Jack LeSar, HMDS, School of Medicine, University of Hawaii
6. Mx. Tom Coles, HMDS, School of Medicine, University of Hawaii
7. Dr. Tawan Kangwanpong, Consultant to DEIDS Project in Thailand

The work-up of the consultation mission followed the suggestions of HMDS, School of Medicine, University of Hawaii, along the following major items:

1. Rotation schedule for Wechakorn students during Preceptorship training period of 30 weeks, including daily schedules for each rotation.
2. A format for behavioral objectives for Wechakorn students established for each rotation, including:
  - a. Skills
  - b. Protocols
  - c. Problems
  - d. Individual projects
3. An evaluation system (with forms) to verify the attainment of the behavioral objectives.
4. Format and action plan for the evaluation and revision of the clinical protocols.

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Wechakorn Preceptorship Program

Training in Lampang Hospital

Rotation	Time in Weeks	Activities			Night Duty
		8.00 - 9.30	9.30 - 12.00	13.00 - 16.00	
Pediatrics	3	Ward round	OPD and WBC	OPD&WBC and Ward work	One <u>wechakorn</u> on night duty for hospital ward from 4 p.m - 12 p.m and from 1 a.m - 8 a.m
Surgery	2	Ward round	OPD	OPD and Ward work	
Laboratory	1		Laboratory work	Laboratory work	
Medicine	6	Ward round	OPD	OPD and Ward work	
Obstetrics and Gynecology	3	Ward round	OPD	OPD and Ward work	
Family Planning	3	Ward round	OPD	OPD and Ward work	
EENT	2	Ward round	OPD	OPD and Ward work	
Emergency Room	4	Ward round	OPD (E.R)	OPD (E.R)	One <u>wechakorn</u> on night duty for E.R from 4 p.m -12 p.m and from 1 a.m - 8 a.m

Notes. 1. Conferences on Wednesday afternoon 2.00 - 4.00 p.m

2. Off duty till 1 p.m after night duty

# Wechakorn Preceptorship Program

## Training in Health Centers and Subcenters

### Rotation

Place	Hang chut	Nonglom	Pangyangkok	Yang-oi	Jaehom	Thern
Time - Wk	I	I	I	I	I	I
Wechakorn	3	2	2	2	3	3

### Health Center Practice

#### I. Clinical skill

- General OPD
- Ward Service
- Night Duty

#### 2. Field Supervision

- Administrative work 1 afternoon/week

### Subcenter Practice

#### I. Clinical skill

- General OPD
- Appointment clinic 1/Wk.
- Night Duty

#### 2. Field work

- CNC program and Nutrition Survey
- Home visits
- MCH & F.P
- Sanitation
  - Privy construction
  - Sanitary water supplies and Community water supplies
  - Waste disposal
  - Housing sanitation
  - การทำแก๊สจากมูลสัตว์

#### 3. Community Participation

- Volunteers + Communicator, Health post volunteer, Traditional midwife
- Village Committee

#### 4. Field Supervision

2. Participation of the doctors who will be future preceptors is not enough. Anticipation of the difficulties and problems is obvious. Suggest more orientation or group conference for the preceptors before the commencement of the preceptorship training.
3. The close follow-up of the preceptorship training by the staff of Personnel Development Division is strongly recommended.
4. More stress should be put on the selection of the Wechakorn students.
5. Detail schedule for the didactic phase of training should be reconsidered along with the revision of the modules and protocols.

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**DIST:** Dr. Somboon Vachrotai  
Dr. Pricha Desawadi  
Dr. Choomnoom Promkutkao  
UHSPH