

# Perception of Community Orientation Module in Foundation Course among First-Year MBBS Students: A Pre- and Post-Test Study

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## ABSTRACT

**Background:** Community-based medical education is an essential component of Competency-Based Medical Education (CBME) for improving medical students understanding of community health problems, preventive healthcare services, and social determinants of health. Early exposure to community healthcare settings helps undergraduate medical students develop communication skills, professionalism, and practical understanding of public health services.

**Objectives:** To assess the perception of the Community Orientation Module among first-year medical students by evaluating changes in knowledge through pre-test and post-test assessment.

**Methodology:** A quasi-experimental pretest–posttest study was conducted among 40 first-year MBBS students participating in Foundation Course. The Community Orientation Modules (COM) also included visits to the Urban Health Training Centre (UHTC), Rural Health Training Centre (RHTC), immunization postings, and exposure with healthcare workers and community members. Knowledge assessment was performed using pre-test and post-test questionnaires. Student perceptions were evaluated using a structured 5-point Likert scale feedback questionnaire. The paired t-test and Likert scale-based analysis were used for data analysis.

**Results:** The mean pre-test score increased from  $27.7 \pm 7.9$  to  $33.8 \pm 9.23$  in the post-test, demonstrating significant improvement in knowledge following the module. The mean difference between scores was 6.1, and paired t-test analysis revealed a statistically significant improvement ( $t = 3.903$ ,  $p = 0.00037$ ). The majority of students either agreed or strongly agreed that the module improved their understanding of community health problems, preventive and promotive healthcare services, immunization practices, vaccine storage and cold chain maintenance, communication skills, and social determinants of health. No participant reported disagreement with any feedback statement, indicating high overall satisfaction with the module.

**Conclusion:** The Community Orientation Module was effective in improving knowledge, practical understanding, communication skills, and public health orientation among first-year

medical students. Early community exposure and experiential learning activities contributed positively to students' professional development and understanding of healthcare delivery systems.

**Keywords:** Community Orientation Module; Competency-Based Medical Education; Immunization; Communication Skills; Foundation Course.

## INTRODUCTION

The introduction of Competency-Based Medical Education (CBME) in India in 2019 marked a paradigm shift in undergraduate medical training, transitioning from a teacher-centered approach to a learner-centric, outcome-oriented, and patient-centered model.<sup>1</sup> CBME emphasizes the acquisition of defined competencies, knowledge, skills, attitudes, and values required for a medical graduate to function effectively as a clinician, communicator, and community health advocate.

One of the key innovations of CBME is the Foundation Course, implemented at the entry level of the MBBS curriculum to help students transition smoothly from school education to the professional demands of medical training. The course is designed to provide a holistic orientation to the medical profession and familiarize students with the healthcare system and professional expectations.<sup>2</sup> It covers multiple domains, including orientation to the medical profession, AETCOM (attitude, ethics, and communication), basic skill modules such as basic life support (BLS) and first aid, community exposure, language and computer skills, stress and time management, and extracurricular activities. Evidence from studies conducted across India suggests that the Foundation Course has significantly improved students' knowledge, confidence, teamwork abilities, awareness of professional ethics, and adaptability.<sup>3,4</sup> Among its various components, the Community Orientation Module plays a particularly vital role. It introduces students to national health goals and policies, the structure and functioning of the healthcare system, community health

principles, and fosters early interaction with patients, families, and communities.<sup>1</sup>

The present study aims perception of the Community Orientation Module within the Foundation Course of first-year MBBS students using structured pre- and post-test questionnaires.

### Aims:

To study the perception of the Community Orientation Module included in the Foundation Course for first-year MBBS students under Competency-Based Medical Education (CBME).

### Objectives:

1. To measure the perception of Community orientation module among first-year MBBS students following the Foundation Course using pre- and post-test questionnaires.
2. To assess student's feedback regarding the Community orientation module of the Foundation Course using a Likert-scale perception survey.

## MATERIALS & METHODS

**Study Type:** The study was conducted using a quasi-experimental research design.

**Study Design:** A single-group pretest–posttest design was employed, in which first-year MBBS students completed a structured questionnaire before and after participation in the Community Orientation Module conducted as part of the Foundation Course.

**Study Duration:** The study was carried out over a period of three months. The pre-test was administered at the commencement of the Foundation Course to assess baseline knowledge and perceptions. The

Community Orientation Module was delivered over the study period, covering all designated topics. Upon completion of all sessions, a post-test was administered to evaluate changes in knowledge and learning outcomes following the educational intervention.

**Study Population:** The study population comprised all first-year MBBS students enrolled prior to the commencement of the Foundation Course.

**Sample Size:** The sample size was calculated for comparison of paired pre-test and post-test scores following the educational intervention. Assuming a moderate effect size (Cohen's  $d = 0.50$ ), a two-tailed alpha error of 0.05, and a statistical power of 80% ( $\beta = 0.20$ ), the minimum required sample size was estimated to be 34 participants using GPower software version 3.1.9.7 (Heinrich Heine University, Düsseldorf, Germany) for a paired t-test. To account for potential non-response and incomplete data, all eligible students in the batch were invited to participate using a census sampling approach.<sup>5</sup> Of the approximately 50 eligible students, 40 fulfilled the inclusion criteria, completed both the pre-test and post-test assessments, and were included in the final analysis.

**Inclusion Criteria:** First-year MBBS students who attended at least 80% of the Community Orientation Module sessions. Students who provided written informed consent to participate in the study.

**Exclusion Criteria:** Students who were admitted after the commencement of the Foundation Course or who attended less than 80% of the sessions. Students who were unwilling to participate in the study.

**Study Procedure:** The Foundation Course was conducted over a two-week period in accordance with the Competency-Based Medical Education (CBME) curriculum

prescribed by the National Medical Commission (NMC). A structured questionnaire was developed based on the Community Orientation Module (COM) competencies outlined in the NMC CBME syllabus. The module covered the following competencies:

COM 3.1: Demonstrated understanding of National Health Goals and Policies.

COM 3.2: Discussed the national health scenario, including demographic, socio-cultural, and epidemiological issues.

COM 3.3: Demonstrated understanding of the healthcare delivery system in India, with reference to primary, secondary, and tertiary levels of care.

COM 3.4: Discussed the basic principles of community health and their impact on health and disease.

COM 3.5: Demonstrated understanding of the structure and functioning of a Community Health Centre.

COM 3.6: Developed the ability to obtain patient experiences through interactions with patients and their families and to relate these experiences to environmental and disease-related factors.

To assess students' perceptions of the module, a Likert scale-based feedback questionnaire was administered. The survey evaluated various aspects of the program, including the relevance of the content, effectiveness of teaching-learning activities, field visit experiences, and the overall usefulness of the course.<sup>6</sup> Students completed a pre-test at the beginning of the module to assess baseline knowledge and a post-test upon completion of all sessions to evaluate knowledge gain and learning outcomes across the covered topics.<sup>7</sup> For ease of administration and efficient data management, the questionnaire was converted into a Google Form, enabling real-time data collection and secure storage of responses.

#### **Validation of Study Questionnaire:**

The study questionnaire was developed based on a literature review and the study objectives to assess undergraduate medical

student's knowledge and perceptions of the Community Orientation Module. Content validity was established through expert review by Community Medicine and medical education faculty, and necessary revisions were made. The questionnaire was pilot-tested among 10 students not included in the final study, leading to minor modifications for clarity and feasibility. Before reliability analysis, the dataset was cleaned by removing duplicate items and standardizing response categories. The internal consistency of the 15-item perception scale was assessed using Cronbach's alpha, with responses coded on a five-point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree). A Cronbach's alpha value of  $\geq 0.70$  was considered indicative of acceptable internal consistency.

#### Statistical Analysis:

The data collected during the study were entered, compiled, and analyzed using Microsoft Office Professional Plus 2013 and OpenEpi: Open Source Epidemiologic Statistics for Public Health (Version 3.01). The normality of the pre-test and post-test score differences was assessed prior to inferential analysis. A paired t-test was performed to compare the mean pre-test and post-test scores and to evaluate the effectiveness of the educational intervention. Responses obtained from the feedback questionnaire were analyzed using Likert scale and presented as frequencies and percentages. A p-value of  $<0.05$  was considered statistically significant.

#### Ethical approval:

Ethical approval for the study was obtained from the MGM Biomedical and Integrative Health Research Institutional Ethics Committee. The study was approved vide approval letter number MGMMCN/IEC/2025/10/01-06, dated 01 November 2025,

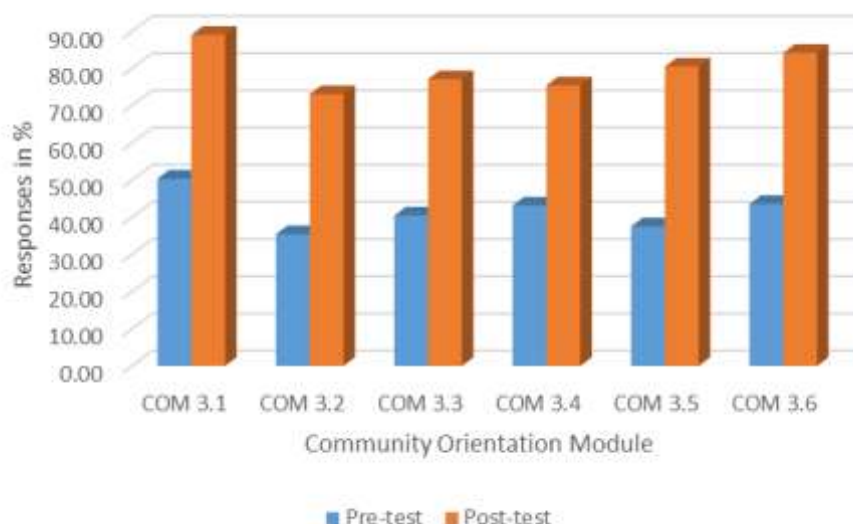
prior to the commencement of data collection.

## RESULT

**Table 1: Comparison of Students' Pre-test and Post-test Scores (n = 40)**

| Statistic          | Pre-test | Post-test |
|--------------------|----------|-----------|
| Mean               | 27.7     | 33.8      |
| Median             | 27.5     | 35.0      |
| Standard Deviation | 7.9      | 9.23      |
| Minimum            | 14.0     | 13.0      |
| Maximum            | 44.0     | 45.0      |

The normality of the difference between pre-test and post-test scores was assessed using the Shapiro–Wilk test. The distribution of differences between pre-test and post-test scores was approximately normal ( $W = 0.965$ ,  $p = 0.241$ ). Since the p-value was greater than 0.05, the assumption of normality was satisfied, justifying the use of the paired t-test for comparing mean scores before and after the intervention. The mean post-test score ( $33.8 \pm 9.23$ ) was higher than the mean pre-test score ( $27.7 \pm 7.90$ ), demonstrating an improvement in students' knowledge following participation in the Community Orientation Module. The paired t-test revealed that this increase was statistically significant ( $t = 3.90$ ,  $p < 0.001$ ), indicating that the observed improvement was unlikely to have occurred by chance. The mean gain in score was 6.10 points, with a 95% confidence interval ranging from 2.94 to 9.26 points. As the confidence interval does not include zero, it further confirms a significant positive effect of the intervention. These findings suggest that the Community Orientation Module was effective in enhancing students' understanding of community health concepts, preventive and promotive health services, and the practical aspects of community-based healthcare. The significant improvement in post-test scores supports the educational value of early community exposure in undergraduate medical training.



**Figure 1: Students' Performance in Community Orientation Modules during Pre-test and Post-test**

Figure 1 compares the pre-test and post-test response percentages for different Community Orientation Modules (COM 3.1 to COM 3.6). The findings demonstrate a marked improvement in students' performance after the intervention across all modules. In the pre-test, response percentages ranged approximately from 35% to 50%, indicating moderate baseline knowledge among students. Following the orientation program, post-test scores increased substantially in all modules, ranging from nearly 75% to 90%. The highest improvement was observed in COM 3.1, where the response percentage

increased from around 50% in the pre-test to approximately 90% in the post-test. Similarly, COM 3.6 showed considerable enhancement, increasing from nearly 45% to 85%. Modules COM 3.2, COM 3.3, COM 3.4, and COM 3.5 also demonstrated significant gains, with post-test scores consistently higher than pre-test scores. Overall, the figure indicates that the Community Orientation Module was effective in improving students' knowledge and understanding, as evidenced by the consistently higher post-test response percentages across all domains.

**Table 2: Students' Perceptions on Community Orientation Module on 5-Point Likert Scale (n=40)**

| S.N. | Feedback Statement                                              | Strongly Agree n (%) | Agree n (%) | Neutral n (%) | Disagree n (%) | Strongly Disagree n (%) |
|------|-----------------------------------------------------------------|----------------------|-------------|---------------|----------------|-------------------------|
| 1    | UHTC visit helped understand community health problems          | 29 (72.5)            | 10 (25.0)   | 1 (2.5)       | 0 (0.0)        | 0 (0.0)                 |
| 2    | RHTC activities gave practical exposure                         | 27 (67.5)            | 11 (27.5)   | 2 (5.0)       | 0 (0.0)        | 0 (0.0)                 |
| 3    | Interaction with health workers improved understanding          | 28 (70.0)            | 10 (25.0)   | 2 (5.0)       | 0 (0.0)        | 0 (0.0)                 |
| 4    | Awareness of preventive and promotive health services increased | 27 (67.5)            | 10 (25.0)   | 3 (7.5)       | 0 (0.0)        | 0 (0.0)                 |
| 5    | Visit met learning objectives                                   | 28 (70.0)            | 10 (25.0)   | 2 (5.0)       | 0 (0.0)        | 0 (0.0)                 |
| 6    | Immunization posting improved understanding                     | 28 (70.0)            | 9 (22.5)    | 3 (7.5)       | 0 (0.0)        | 0 (0.0)                 |
| 7    | Knowledge of vaccine storage and cold chain improved            | 26 (65.0)            | 11 (27.5)   | 3 (7.5)       | 0 (0.0)        | 0 (0.0)                 |
| 8    | Understanding of safe vaccination practices improved            | 27 (67.5)            | 10 (25.0)   | 3 (7.5)       | 0 (0.0)        | 0 (0.0)                 |
| 9    | Awareness about AEFI                                            | 28 (70.0)            | 9 (22.5)    | 3 (7.5)       | 0 (0.0)        | 0 (0.0)                 |



|    |                                                                     |           |           |         |         |         |
|----|---------------------------------------------------------------------|-----------|-----------|---------|---------|---------|
|    | increased                                                           |           |           |         |         |         |
| 10 | Immunization posting met objectives                                 | 27 (67.5) | 10 (25.0) | 3 (7.5) | 0 (0.0) | 0 (0.0) |
| 11 | Orientation posting improved understanding of social determinants   | 28 (70.0) | 10 (25.0) | 2 (5.0) | 0 (0.0) | 0 (0.0) |
| 12 | Communication skills with community members improved                | 26 (65.0) | 11 (27.5) | 3 (7.5) | 0 (0.0) | 0 (0.0) |
| 13 | Understanding of community participation enhanced                   | 28 (70.0) | 10 (25.0) | 2 (5.0) | 0 (0.0) | 0 (0.0) |
| 14 | Awareness of health-seeking behaviour and cultural factors improved | 27 (67.5) | 10 (25.0) | 3 (7.5) | 0 (0.0) | 0 (0.0) |
| 15 | Overall Community Orientation Module met learning objectives        | 27 (67.5) | 11 (27.5) | 2 (5.0) | 0 (0.0) | 0 (0.0) |

The feedback analysis demonstrated a highly positive perception of the Community Orientation Module among first-year MBBS students. A majority of participants either strongly agreed or agreed with all statements related to the module. Regarding field visits, 72.5% of students strongly agreed that the Urban Health Training Centre (UHTC) visit helped them understand community health problems, while 67.5% strongly agreed that Rural Health Training Centre (RHTC) activities provided valuable practical exposure. Furthermore, 70.0% of students strongly agreed that interactions with health workers improved their understanding of community health services, and 67.5% reported increased awareness of preventive and promotive health services.

With respect to the immunization posting, 70.0% of students strongly agreed that the posting improved their understanding of immunization services, while 65.0% strongly agreed that it enhanced their knowledge of vaccine storage and cold chain maintenance. Similarly, 67.5% reported improved understanding of safe vaccination practices, and 70.0% indicated increased awareness of adverse events following immunization (AEFI). The orientation activities also contributed to students' understanding of broader public health concepts. Seventy percent of participants strongly agreed that the posting improved their understanding of social determinants of health, while 65.0%

reported improvement in communication skills with community members. In addition, 70.0% strongly agreed that their understanding of community participation in health had improved, and 67.5% reported enhanced awareness of health-seeking behaviour and sociocultural influences on health.

The internal consistency reliability of the perception questionnaire was assessed using Cronbach's alpha. The final 15-item Likert-scale instrument demonstrated excellent internal consistency, with a Cronbach's alpha coefficient of 0.97. This finding indicates that the questionnaire items consistently measured students' perceptions regarding the Community Orientation Module and supports the reliability of the instrument used in the present study.

Overall, 67.5% of students strongly agreed and 27.5% agreed that the Community Orientation Module achieved its intended learning objectives. Notably, no participant expressed disagreement or strong disagreement with any of the feedback statements, indicating a high level of satisfaction and perceived educational benefit from the module.

## DISCUSSION

The present study demonstrated a statistically significant improvement in knowledge among first-year medical students following participation in the Community Orientation Module, with mean post-test scores increasing from 27.7 to 33.8

( $p = 0.00037$ ). The observed improvement suggests that structured community-based educational exposure enhances understanding of community health problems, preventive healthcare services, immunization practices, and social determinants of health. Similar findings were reported by Fiza et al., who observed significant improvement in students' academic preparedness and professional orientation following implementation of the Foundation Course.<sup>2</sup> Lakshmi et al. also reported enhanced learning outcomes and high levels of student satisfaction after structured orientation-based training among first-year MBBS students.<sup>3</sup>

In the present study, most students agreed or strongly agreed that visits to the Urban Health Training Centre (UHTC) and Rural Health Training Centre (RHTC) improved their understanding of community health problems and provided practical exposure to healthcare delivery systems. These findings are comparable to the study conducted by Narapureddy et al., who reported that community orientation programs improved students' communication skills, understanding of socio-demographic determinants of disease, and appreciation of local culture during clinical practice.<sup>8</sup> Similarly, Fathima et al. demonstrated that rural community-based training programs significantly improved cognitive and affective learning domains among medical students through direct exposure to community healthcare settings.<sup>9</sup>

The immunization posting component of the Community Orientation Module was highly appreciated in the present study. Most students reported improved understanding of vaccine storage, cold chain maintenance, safe vaccination practices, and Adverse Events Following Immunization (AEFI). Comparable findings were observed by Vyas et al., who reported that students perceived practical public health and immunization sessions as highly useful and clinically relevant.<sup>10</sup> James et al. also found that students considered skill-based sessions and practical exposure during foundation

courses highly beneficial for understanding preventive healthcare services and public health responsibilities.<sup>11</sup>

Another important observation in the current study was the positive impact of the module on communication skills and understanding of social determinants of health. The majority of participants agreed that interaction with community members and healthcare workers improved their communication abilities and awareness regarding cultural and health-seeking behaviours. Similar findings were reported by Devi et al., who observed that foundation courses positively influenced professionalism, communication skills, and attitudes toward patient-centered care.<sup>4</sup> Sobti et al. similarly reported that orientation programs contributed significantly toward development of empathy, ethical understanding, interpersonal communication, and professional behaviour among undergraduate medical students.<sup>12</sup>

The statistically significant increase in post-test scores observed in the present study is further supported by the findings of Veluswami et al., who demonstrated that foundation courses improved students' confidence, academic preparedness, and adjustment to the medical learning environment.<sup>13</sup> Pandey et al. also reported that one-month foundation programs conducted under the Competency-Based Undergraduate Curriculum were effective in helping students adapt to medical education while improving professional understanding and practical competencies.<sup>14</sup>

An additional noteworthy finding of the present study was the absence of negative feedback responses across all Likert-scale statements, indicating high levels of student satisfaction and acceptance of the Community Orientation Module. Similar positive perceptions among students and faculty were documented by Yograj et al., who concluded that foundation courses effectively support competency-based learning objectives and professional development.<sup>15</sup> Students' positive

perception toward early community exposure may contribute to improved learner motivation, active participation, and better retention of knowledge during subsequent clinical training.

The findings of the present study collectively indicate that the Community Orientation Module is an effective educational intervention for first-year medical students. The module enhanced knowledge, strengthened communication skills, improved understanding of public health concepts, and increased awareness regarding preventive healthcare and community participation. These findings are consistent with the principles of Competency-Based Medical Education recommended by the National Medical Commission, which emphasizes early clinical exposure, community orientation, professionalism, and holistic development of Indian Medical Graduates.<sup>1</sup> Furthermore, studies by Narapureddy et al. and Fathima et al. support the integration of community-based medical education into undergraduate training to improve contextual learning, social accountability, and patient-centered healthcare delivery.<sup>8,9</sup>

### **Limitations**

The relatively small sample size (n = 40) and single-center design may limit the generalizability of the findings to other medical colleges and student populations. In addition, the absence of a control group in the pretest–posttest design restricted the ability to attribute the observed improvements solely to the Community Orientation Module. The feedback data were based on self-reported perceptions and were therefore subject to response bias, including social desirability bias. Furthermore, the study assessed only immediate learning outcomes and did not evaluate long-term knowledge retention, attitudinal changes, or the sustained impact of the module on students' competencies.

### **CONCLUSION**

The present study demonstrated that the Community Orientation Module was effective in improving the knowledge and understanding of first-year medical students regarding community health, preventive healthcare services, immunization practices, and social determinants of health. The statistically significant increase in post-test scores compared to pre-test scores indicates that the module successfully achieved its intended educational objectives and contributed to meaningful learning among participants. The findings also revealed highly positive student perceptions toward various components of the module, including UHTC and RHTC visits, immunization postings, interaction with healthcare workers, and communication-based activities. Students reported improved practical exposure, enhanced communication skills, greater awareness regarding preventive and promotive healthcare services, and better understanding of community participation and cultural influences on health-seeking behaviour. The absence of negative feedback responses further reflects the acceptability and educational value of the program.

Overall, the Community Orientation Module can be considered an effective educational strategy for developing socially accountable, patient-centered, and community-oriented future healthcare professionals. Strengthening such modules through continued experiential learning, skill-based training, and community engagement activities may further enhance the preparedness of Indian Medical Graduates to address public health challenges and deliver comprehensive healthcare services.

### **Declaration by Authors**

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**Conflict of Interest:** The authors declare no conflict of interest.



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