

Review Article

Interns Perception on Training in Rural Health Training Centres

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Abstract: Rural health training centres (RHTCs) and urban health training centres (UHTCs) are an integral part of every medical college in India. These centres provide community-based learning for undergraduate (UG) and postgraduate (PG) students as well as interns, build capacity of the staff and facilitate field research. Objective of internship is to train the medical graduates in hospital and community settings. Many students do not take internship period seriously but would rather study for their pre-PG examination. This decreases their interest in internship training especially in rural postings. Interns demands the excuse for rural posing for various reasons like PG preparation, safety issue, too far, no basic facilities etc. The poor physical infrastructure of rural centre is the main hurdle for avoiding the rural postings. The shortage of qualified doctors in many of the rural areas leads to unqualified quacks, which are a greater threat to the lives of the patients. To some extent AYUSH doctors are catering to the needs of rural population and delivering some health care facilities.

Keywords: interns, perception, rural health training centres, training.

INTRODUCTION

Rural health training centres (RHTCs) and urban health training centres (UHTCs) are an integral part of every medical college in India. These centres provide community-based learning for undergraduate (UG) and postgraduate (PG) students as well as interns, build capacity of the staff and facilitate field research [9]. Internship is an ideal period to pick up clinical skills. Objective of internship is to train the medical graduates in hospital and community settings. Many students do not take internship period seriously but would rather study for their pre-PG examination. This decreases their interest in internship training especially in rural postings. Interns demands the excuse for rural posing for various reasons like PG preparation, safety issue, too far, no basic facilities etc. Medical officer(MO)in the rural setting is also not much aware of the importance of rural posting offer them relaxation. It is important to assess the learning environment in rural health centres for effective learning. The rural internship programme fails to motivate the interns to work in rural area in future. The poor physical infrastructure of rural centre is the main hurdle for avoiding the rural postings. In India, 18% of primary health centers (PHCs), 54% of community health centers are without any doctor [3]. About 60% of specialists are at secondary and tertiary levels [4]. This has resulted in acute shortage of qualified medical doctors serving the rural India. PHCs cater to the health care needs of rural people with at least one allopathic doctor. India had 95 PHCs in 1955 which increased to

23,887 in the year 2011 [5]. This shortage of qualified doctors in many of the rural areas leads to unqualified quacks, which are a greater threat to the lives of the patients [6,7]. To some extent AYUSH doctors are catering to the needs of rural population and delivering some health care facilities [8].

REVIEW OF LITERATURE

In a study [1] it was reported that the students were not satisfied with the physical environment of the hospital. The accommodation facility was not upto the mark. Safety was a big issue with students mostly girls as no guards was available most of time at night. Interns too complained that the essential medicines were out of stock. Interns also feel communication is big hurdle both mobile network and road connectivity and availability of transport. They feels isolated due to this problem. Food too is not provided and they had to take it from outside which is unhygienic. This all makes the place difficult to live and learning is far away.

The interns were satisfied with clinical supervision and feedback provided by medical officers. They work there in the team, and hand on experience on some common procedures like suturing ,immunizations boost their confidence. They are given the research project during the posting that help them to do community need assessment and vital statistics of community. The students saw and managed variety of patient in RHTC than hospital setting.

A cross-sectional study [2] was conducted among 160 students of the Private University Medical College in Karnataka state, India. 76.1% males and 71.9% females have set their preference of getting into a postgraduation as their next goal. In this study, 31.9% of Malaysian and 43.4% of Indian students expressed interest in serving in a rural area for few years after graduation. Lack of clinical guidance, infrastructure, poor basic needs, no career growth and heavy work load were the reasons quoted by the study group for not preferring to work in rural areas. Present day medical students would prefer serving in rural areas if living standards are improved, an assurance of postgraduation seat and more monetary benefits that too for few years irrespective of their gender, nationality and year of study.

Another study [10] was conducted among the graduating interns from dental colleges of Haryana. 55.95% of the subjects expressed their willingness to work in rural areas. Less competition in settling (46.45%) was found to be the main reason associated with their willingness followed by need of a job (43.61%). Around, 44.05% respondents were not willing to work in rural areas after the completion of their internship. Preference for postgraduation (45.05%) was the prime factor behind the reluctance of dental interns towards serving in rural areas. No scope for professional future (43.69%) was the second most important reason deterring the dental interns to work in rural areas.

Another study [11] in Bangalore reported that all the participants wanted to go for post-graduation studies. They were inclined to clinical subjects rather than other preclinical and Para clinical subjects. They underestimate these fields as they think that clinical field is more challenging, more lucrative and with more job satisfaction. Among all the interns only 44% wanted to serve the rural areas. There were 15 (20.00%) interns who wanted to serve rural area only for one year, 11(14.67%) interns for a maximum of 2 years. Only 7(9.33%) were willing to settle permanently in rural areas. The participants who wanted to work in rural areas temporarily for 1 or 2 years, wanted to do it so for the sake of getting experience and they wanted to help the rural people. The most common reasons given were no clinic infrastructure (drugs and equipments), no physical work environment, no living facilities (good housing, water, electricity, malls etc.), no connectivity, no career growth opportunities, no social life, no security, and no mentoring staff. Some interns also commented that there is no recognition and prestige of the job, no sense of fulfilment and job satisfaction.

CONCLUSION

The attitude of the medical students toward importance of rural health care need to be encouraged. Incentive packages with appropriate and relevant changes in present medical education system should be

done in a definitive framework benefiting the health workers. Making the internship interesting and relevant is one of the biggest challenges of the future.

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